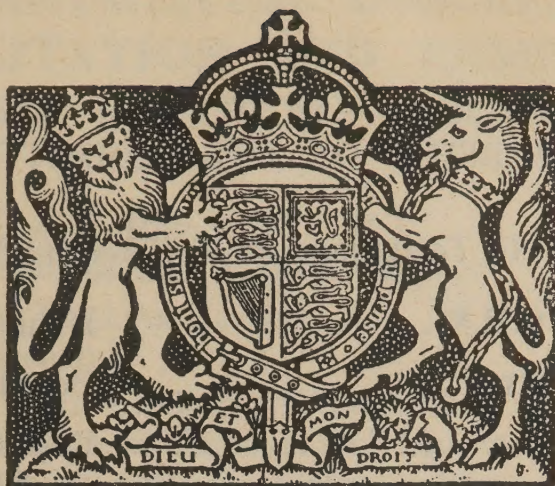


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# Report of Inter-departmental Committee on the Rehabilitation and Resettlement of Disabled Persons

*Presented to Parliament by Command of His Majesty  
January, 1943*

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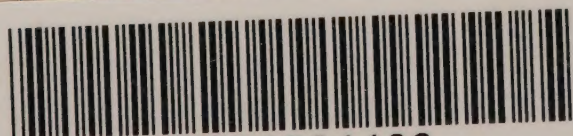
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\* Appointed on 26th February, 1942.

† Succeeded Mr. E. A. Hogan on 26th March, 1942.

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# INTER-DEPARTMENTAL COMMITTEE ON THE REHABILITATION AND RESETTLEMENT OF DISABLED PERSONS

To :—

The Rt. Hon. ERNEST BEVIN, P.C., M.P.,  
Minister of Labour and National Service.

The Rt. Hon. Sir WILLIAM JOWITT, K.C., M.P.,  
Paymaster General.

1. The Committee were appointed in December, 1941, on the joint recommendation of the Minister of Labour and National Service and the (then) Minister without Portfolio, with the following terms of reference :—

(a) To make proposals for introduction at the earliest possible date of a scheme for the rehabilitation and training for employment of disabled persons not provided for by the Interim Scheme ;

(b) To consider and make recommendations for introduction as soon as possible after the war of a comprehensive scheme for

(i) the rehabilitation and training of, and

(ii) securing satisfactory employment for,  
disabled persons of all categories ;

(c) To consider and make recommendations as to the manner in which the scheme proposed for introduction after the war should be financed.

2. In a statement made in the House of Commons on 22nd January, 1942, the Minister of Labour and National Service announced that the Government had decided “ to prepare as soon as possible comprehensive measures for the rehabilitation training and resettlement of disabled persons generally, for introduction as soon as possible after the end of the war ”. The announcement made no reference to the appointment of the Committee which has not been made public. It has been understood that the Committee should not invite evidence from outside bodies.

3. The first meeting of the Committee was held on 22nd January, 1942, and they have met at fortnightly intervals since that date. The Committee have considered the working of the Interim Scheme for the Training and Resettlement of Disabled Persons, introduced by the Minister of Labour and National Service in October, 1941, and they submitted on the 10th March an Interim Report containing two recommendations for an extension of that scheme, viz. (i) that the training provisions of the Scheme should be extended to cover all occupations likely to provide satisfactory employment during the war, and (ii) that the facilities for employment under sheltered conditions available in voluntary undertakings should be brought into use, with the aid of a financial grant from the Ministry of Labour and National Service, for the benefit of persons whose disablement prevented their employment under ordinary conditions—preference being given to Service and civilian war casualties. On the 12th March the Committee had referred to them, at the instance of the Ministries of Health and Pensions, the question of the supply of artificial limbs to certain classes of persons who were not entitled under existing arrangements to a free issue. This question did not arise directly out of the Interim Scheme but was connected with it in the sense that failure or delay in the provision of artificial limbs might prevent the persons in question from taking advantage of the Scheme. The Committee recommended that artificial limbs should be supplied (on a recoverable basis) to persons not entitled to a free issue provided that the Ministry of Labour and National Service could certify that the provision would enable such



persons to enter or resume work of importance to the war effort. These three recommendations were accepted and with certain amendments have now been carried into effect.

4. The Committee now submit this final report. It is divided into seven sections under the following headings :—

I.	INTRODUCTORY ... ..	(Paras. 5 to 10)
II.	ELIGIBILITY ... ..	(Paras. 11 to 13)
III.	MEDICAL REHABILITATION ... ..	(Paras. 14 to 39)
IV.	POST HOSPITAL REHABILITATION ... ..	(Paras. 40 to 62)
V.	RESETTLEMENT ... ..	(Paras. 63 to 104)
VI.	FINANCE ... ..	(Paras. 105 to 113)
VII.	CONCLUSION ... ..	(Paras. 114 to 118)

## I. INTRODUCTORY.

5. The successful rehabilitation of a person disabled by injury or sickness is not solely a medical problem. Rehabilitation in its strictly medical sense means the process of preventing or restoring the loss of muscle tone, restoring the full functions of the limbs, and maintaining the patient's general health and strength. (This is apart from special rehabilitation treatment required for particular diseases such as Tuberculosis.) The process should begin as soon as possible after injury or operation or, in the case of acute or prolonged illness, as soon as the patient's condition permits, and it should continue not only throughout the period of hospital treatment but also during the subsequent stage of convalescence whether that takes place in hospital or is provided in a separate Centre. Continuity of treatment is essential to achieve the aim of restoring the patient's mental and physical capacity at the earliest possible date and to the fullest possible extent.

6. When restoration in the medical sense has been achieved the services of the social and industrial expert are required : *first* to determine in consultation with the medical experts whether the patient so restored can return to his previous occupation and, if not, what other type of occupation would be most suitable ; and *second* to ensure so far as possible that the restored capacity is used to the best advantage in the field of productive effort, whether in the previous or in some other occupation. During the process of rehabilitation in this wider sense there is a transfer of responsibility from the medical to the industrial services and the industrial service should begin to operate before the medical service ends. This means that there should be the fullest co-operation between the two services throughout the rehabilitation process. A notable step towards this end was taken by the Ministry of Labour and National Service and the Health Departments in the Interim Scheme which for the first time linked hospitals with the Employment Exchange service and provided for the interview of patients in hospital and for consultation with the hospital authorities as to the patient's fitness for employment. This experiment has been subject to the special difficulties of war-time conditions but the experience has been sufficient to prove its value and to warrant its development as an essential feature of any permanent rehabilitation scheme. The measure of co-operation between hospitals and the Employment Exchange service will be materially assisted if, as the Committee understand is the present intention, the organisation of the hospital services on a regional basis and the principle of concentration into specialised centres or hospitals of particular types of disabilities are to be continued into the post-war period. The present system of hospital interview and consultation should be developed with the aim of conveying to hospital authorities such information as they may require in regard to a patient's employment, and of giving every patient, whose stay



in hospital is likely to last beyond a given period or whose injury or disability is likely to affect his employment prospects, an opportunity of interview with an Employment Exchange officer so that in consultation with the medical experts steps may be taken in advance to arrange placing, training or such other action as the case may require.

7. Placing in employment will not complete the process of rehabilitation unless the employment—particularly where there is a serious disablement—is suited to individual capacity and makes the best use of individual skill. The aim was described in the leaflet on the Interim Scheme in the following words “ It is in the interest of the country as well as of the disabled citizen that he should get back to suitable employment as soon as possible—not to *any* employment but to the most skilled work of which he is capable ”. The experience of the Interim Scheme is that a large proportion of persons interviewed in hospital are able in the present exceptional circumstances to earn fairly high rates of wages in employment which is of little value from the long term point of view ; only a small number desire to take up a course of training for a skilled occupation, and of those who do enter training, the majority are learning engineering processes connected with munitions work. This is inevitable in war conditions but one of its consequences will be that at the end of the war a considerable proportion of such persons will require training or re-training for other forms of employment. It is important that a permanent scheme operating in peace time conditions should include special measures to secure satisfactory employment for persons handicapped by disablement and should encourage more fully than is at present possible the idea of training for a new occupation. This will require a follow-up service to investigate the results of the first placing. A certain measure of follow-up work is being undertaken under the Interim Scheme, but this is necessarily on a limited scale ; the development of this service should be an important feature of the post-war scheme.

8. Disablement is popularly associated with visible physical injury of some kind, e.g., limb amputation or injury such as to prevent the full use of a limb, and there is a tendency to regard this type of disablement as more serious and a greater handicap to employment than disablement due to other causes. This is far from correct ; the problem of complete rehabilitation and resettlement is more difficult among the medical group of disablements than among the surgical group—for the following reasons :—

(a) Surgical treatment is, as a rule, carried to a stage which leaves the patient fit and able to undertake work requiring physical effort and technical skill ; the injury may prevent employment in certain occupations but there is still a wide range within his general capacity and for these not only is he physically suitable but there is little or no danger of his condition becoming worse through employment. Where however the disablement is due to medical causes, the physical fitness of the patient for employment is, as a rule, impaired and this may be increased through unsuitable employment ; there may also be mental as well as physical deterioration. Continued medical supervision is rarely required for the surgical, but it may be necessary for a substantial period for the medical, group of disablements ;

(b) A physical injury which is visible commands a greater degree of sympathy and willingness to help than a disablement due to medical causes where the handicap is not obvious and its seriousness may not be recognised and may easily be doubted ;

(c) The sympathy extended to the surgical group of disablements often carries with it an under-estimate of working capacity and therefore a tendency to regard the individual as suitable only for the lower grades of



employment, whereas with the medical group of disablements there is an all too common tendency to assume that the individuals are in fact fully capable of returning to the pre-disablement occupation ;

(d) A disablement which is not obvious may not be a handicap to acceptance for employment but may make it difficult to retain employment and therefore to achieve satisfactory resettlement.

There are of course many individual exceptions but the above distinction between the two main categories of disablement is broadly true and its importance has to be borne in mind in the consideration of measures designed to secure successful rehabilitation and resettlement.

9. On the general question of resettlement, the Committee wish to emphasise at this stage of their report that the only satisfactory form of resettlement for a disabled person is employment which he can take and keep on his merits as a worker in normal competition with his fellows. The chief and continuous aim of a resettlement scheme must be to secure such employment for the greatest possible number of the total group of persons classified as disabled, and the Committee believe that the realisation of this aim is practicable for the majority of the total. In a highly industrialised country such as Britain the number of separate occupations is so large and their demand on physical activity is so varied that it is possible to find an occupation within the physical capacity of all save a minority of the disabled. This does not mean that the problem is easy of solution ; it means only that disablement, however it may limit the choice of occupation, need not of itself constitute a bar to economic employment. The right approach is all-important. A general idea prevails that, apart from a few exceptional cases, full efficiency in ordinary employment is beyond the capacity of anyone who fails to pass a general and theoretical medical test, and from this derives the view that the resettlement of the disabled must be a matter of philanthropy and good will. This idea is wholly out of date. Granted careful assessment of individual capacity and selection of employment, a large proportion of disabled persons are capable or can be rendered capable of taking their places in industry on normal terms.\* The realisation that this can be achieved, provided that the resources of modern medical knowledge are fully utilised and supported by machinery which can relate the handicap of disablement to the varying demands of different occupations, demands concerted action. The extent and nature of such action must be determined to a considerable extent by the economic conditions ; a period of widespread and continuous unemployment will intensify the ordinary handicap of disablement but a period of great demand for labour will call for no less care because of the inducement to many disabled people—as wartime experience has shown—to prefer immediately profitable employment of a temporary character to a period of training for a skilled occupation with

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\* The following extract from "Workmen's Compensation" by the late Sir Arnold Wilson, M.P. and Professor Hermann Levy provides a striking illustration of the practical and economic employment of disabled persons in the U.S.A. "All the different kinds of work done in the Ford Works were surveyed and analysed. The analysis showed that there were 7,882 kinds of work, of which 949 (12 per cent.) were classified as heavy, requiring men of first-class physique ; moderate strength was required for 3,338 jobs (43 per cent.), while 3,595 jobs (45 per cent.) required very little physical effort and could have been done by girls or older children. It was considered that 670 of these jobs could be done by legless men, 2,637 by one-legged men, 2 by armless men, 715 by one-armed men, and 10 by blind men. At the time of the survey there were actually 9,563 physically defective employees in the factory [about 10 per cent. of the total employment roll], including about a thousand suffering from tuberculosis, 253 nearly blind in one eye, 3 totally blind, 234 with one foot or one leg amputated, 123 with crippled or amputated arms, forearms, or hands, and 60 epileptics. Commenting on these facts the head of the firm emphasized that 'no one applying for work is refused on account of his physical condition'. And he further added : 'We do not prefer cripples—but we have demonstrated that they can earn full wages'".—Vol. II, Page 231.



permanent prospects for the future. But whatever the conditions, the campaign for successful resettlement must be based upon a full recognition of the fact that disabled persons, given the opportunity, are capable of normal employment; the use of institutional or sheltered employment must be limited to that small group who cannot hold their own on level terms and under competitive conditions.

10. For these and other reasons it is clear that the scheme which the Committee propose will be dependent upon various factors in the health, social, industrial and economic spheres and may need modification in the light of developments of wider policy which are being considered elsewhere. It seems nevertheless desirable to set out as fully as possible the kind of rehabilitation and resettlement scheme the Committee would like to see adopted—subject to such adaptations as may be required by developments in other parts of the post war Reconstruction plan.

## II. ELIGIBILITY FOR POST WAR SCHEME.

11. The Health Services—statutory and non-statutory—make provision for the medical and surgical treatment (including rehabilitation in the medical sense) of injuries and disabilities without regard to their cause or origin, but such further provision as may then be required to assist the injured or disabled person to resume employment is outside the scope of the Health Services. The question of eligibility for this further provision, *i.e.*, the post hospital stage, has to be determined from the social and industrial rather than from the health point of view.

12. Eligibility under the Interim Scheme is unrestricted; it is open to every disabled person without regard to the cause of the disablement. The Committee recommend that the same principle should apply to the post-war scheme, in the sense that it should be made available to all disabled persons—juveniles as well as adults—who satisfy its conditions and should not be withheld solely because of the cause, nature, or date of disablement. The Committee advocate this principle on the two grounds:—

(a) that there is a national duty to see that persons who have suffered disablement are given an opportunity of leading as full and as useful a life as their disablement permits; and

(b) that as disablement represents a double loss to the community, *viz.*, a reduction of the total productive capacity and an increase in the cost of maintenance and remedial services, the restoration of the disabled person to productive employment will be an economic advantage.

From this point of view the cause of disablement is not material, but acceptance of the principle of general eligibility will not prevent the introduction of (i) any system of preference as between different causes of disablement as may seem advisable and (ii) a system under which the payment of costs, or a contribution towards such costs, might be required from or in respect of certain classes of disabled persons.

### *Northern Ireland.*

13. The responsibility for the rehabilitation and resettlement of persons in Northern Ireland whose disablement is due to war service or war causes, *i.e.*, men and women members of H.M. Forces, of the Merchant Navy, or of the Civil Defence Services, and civilians injured by enemy action, rests with the Imperial Government and the cost is borne by the Imperial Exchequer. Arrangements will have to be made in conjunction with the Northern Ireland Government to see that facilities comparable with those adopted under the British Scheme are made available in that country for this group of the disabled.



In regard to those disabled from other than war causes, it will be for the Northern Ireland Government to determine what provision should be made. The Committee suggest that the question in regard both to the war and the non-war disabled should form the subject of early discussion between the two Governments.

### III. MEDICAL REHABILITATION.

14. The treatment of any particular individual varies with the type and degree of disablement, in conjunction with other attendant circumstances. In this section of the Report an attempt is made to describe in broad outline, under separate headings for the principal categories of disablement, the kind of treatment given, the medical condition existing at the end of treatment, and the further provision which the patient needs to restore working capacity; the general position is summarised in the table which forms an Appendix to this Report. The description of hospital facilities refers only to the civilian services and does not include the Ministry of Pensions hospitals which deal with Service casualties and to some extent with air raid casualties.

#### *The Emergency Hospital Scheme.*

15. The Emergency Hospital Scheme is essentially an adaptation for war-time purposes of the existing hospitals, both municipal and voluntary; these have been classified according to the facilities they provide, have been expanded and upgraded as necessary, and have been augmented by a certain amount of new construction. The hospitals continue to be administered by their normal governing authorities (except in Scotland where some are directly administered by the Department of Health) and for the most part they carry on their normal peace-time activities as well as Emergency work. The Exchequer contributes to the costs of the individual hospitals (in so far as these are not covered by patients' contributions)—broadly on the basis of the number of Scheme patients treated. The Scheme was planned originally to deal with air raid casualties but it provides also for large numbers of Service patients (sick and casualties) and for various groups of civilian patients including in particular those engaged on war work. The Scheme does not pretend to provide for the large group of patients remaining outside its scope who constitute the majority of the total hospital population. In the process of classifying hospitals, a number of special centres have been organised for orthopaedic and fracture cases, head surgery, chest surgery, cancer, neurosis and so on. The general distribution of patients is controlled by Regional and Sector Hospital Officers of the Health Departments, and a network of consultants and advisers is available for supervising special types of work and for advising on transfers of patients to the special centres. The scheme differs fundamentally from the medical services of the Forces in having no power of compulsion over the professional staff in the hospitals, and—what is perhaps of more practical importance—no power to compel patients to avail themselves of the facilities offered. Established in emergency, it endeavours to make the best use of the hospitals and personnel available and to adapt itself to changing circumstance. Through its nation wide organisation it is continually bringing about improvements by disseminating the advice of experts and, while its organisation has been devised to meet wartime conditions, a great deal of its work and experience will, it is hoped, prove to be of permanent value to the post war hospital scheme.

16. The Minister of Health, in a statement in the House of Commons on the 9th October, 1941, with which the Secretary of State for Scotland was associated, gave an outline of the post war hospital plan proposed by the Government—including the provision of specialised services such as are given in orthopaedic centres and fracture departments. That policy contemplates,



broadly speaking, that the duty of providing adequate hospital treatment shall be cast on County and County Borough Councils who will frame schemes in conjunction with the voluntary hospitals, and that the arrangements will be co-ordinated on a regional basis, not necessarily corresponding with the present Civil Defence Regions. This regional plan will permit the segregation of the more serious cases of injury into hospitals with specialised facilities, somewhat on the lines of the present Emergency Hospital Scheme, and the provision of special hospital centres to which patients can be sent for the later stages of rehabilitation (in the medical sense) from hospitals not themselves possessing the necessary facilities. It would not be practicable or economical for the smaller hospitals to provide all that was required in the way of physiotherapy, occupational therapy and so on; a common centre to be used by all these hospitals within a certain area is therefore desirable.

#### *Fractures and other Physical Injuries.*

17. Fractures and other forms of physical injury form one of the largest groups of patients who may require rehabilitation. The Delevingne Committee (1936-9) found that in the year 1935 over 200,000 fracture cases were treated in hospitals, about 65,000 of them being in-patients, whilst the total number of accident cases (including fractures) was over  $1\frac{1}{4}$  millions. Many of the latter would of course be trivial, as is shown by the fact that only 136,000 were treated as in-patients. An analysis of sample groups of fractures showed that, contrary to what had been supposed, industrial accidents only accounted for something in the region of 30 per cent. of the total and road accidents 15 per cent., whilst the remainder were of a miscellaneous character (sports accidents, accidents in the house, etc.). These are peace-time figures and no doubt will return in similar proportions after the war, but war circumstances have altered both the total and the proportions of the different types of injury.

18. The hospitals at which treatment is given vary in the range of their facilities. The surgical treatment immediately required is of course given at all of them. At the 21 orthopaedic centres established in England and Wales under the Emergency Hospital Scheme, about half of which are permanent orthopaedic hospitals carrying on their peace-time functions in addition to emergency work, there is a full range of facilities including massage, physical training, physiotherapy, occupational therapy and workshops, as well as orthopaedic surgery. At the 60 hospitals earmarked under the Emergency Hospital Scheme for dealing with fractures other than ambulant or short stay cases, some of these special facilities are available but not in such complete form. Other hospitals are not necessarily without these facilities, but generally speaking they do not provide much beyond surgical treatment. Patients who come within the Emergency Scheme (*i.e.*, not only fractures occurring amongst industrial war workers but also Service patients, air raid casualties, evacuees, transferred war workers, and certain other classes requiring hospital treatment on account of the war) are transferred from one hospital to another in order to get the benefit of the facilities they need. In Scotland there are, in all, seven Orthopaedic Centres within the Emergency Hospital Scheme. Of these only one was an Orthopaedic Hospital before the war; four are in hospitals specially built by the Department of Health for Scotland and under its direct administration; the other two are in hospitals expanded by the Department. All seven have provision for physiotherapy and four provide for occupational therapy also. No other hospitals are specifically designated for fracture work though surgical treatment is generally available. As in England, it is a cardinal aim of the scheme that every patient who needs treatment, which cannot readily be given in the hospital to which he is first admitted, should be transferred at the earliest opportunity either to



a Special Unit or to another hospital where the necessary treatment is available. (At 11 of the 12 hospitals in England, Scotland and Wales administered by the Ministry of Pensions, orthopaedic and fracture work is carried out, and these hospitals have provision for physiotherapy and other measures of rehabilitation.)

19. At the end of their hospital treatment the majority of patients in this group are completely restored to their working capacity or are sufficiently restored to be able to return to the previous or a similar occupation. Of the remainder—amounting to about 17 per cent. in the case of the more seriously injured patients treated in orthopaedic centres but very much less over the whole field of injuries—the majority, although left with a permanent disability, are capable of employment but may require a course of vocational training to enable them to take up a new occupation. A small minority are left with a permanent and serious disability which may require a prolonged course of specialised training to fit them for employment or may prevent them from working except under sheltered conditions.

20. The aim is to secure that the fewest possible patients are left with a permanent disability and that all of them are brought as far as possible to such a state of fitness that on leaving hospital they are able at once to take up employment or to enter a full-time course of vocational training—although there will no doubt always be a certain number of patients for whom special rehabilitation measures are necessary after they leave hospital in order to make them fully fit for the occupation in which they are to be engaged. The realisation of this aim depends partly on the progress of medical science and on the number of surgeons and other personnel specially skilled in this branch, and partly on the development of administrative arrangements (buildings, apparatus, etc.). The Health Departments fully recognise that extensive developments in this service are required before a satisfactory standard can be said to have been reached in all parts of the country, but wartime conditions inevitably hamper the extensions of accommodation and the increase in specialist staff required. The Committee recommend that every effort should be made, even under the handicap of wartime difficulties, to bring about the necessary developments with the least possible delay, and that, in addition, special measures should be taken to secure that the facilities available are known and used by all those concerned—hospitals, the medical profession, employers and workpeople, and the general public.

*Other Surgical conditions and the general group of Medical cases.*

21. This group comprises the great mass of patients treated in general hospitals throughout the country. No exact figures are available, but the size of the problem is indicated by the fact that in 1939 the number of new in-patients in voluntary general hospitals in Great Britain with 125 or more beds was returned at upwards of 700,000, whilst in 1938 the number of admissions of the sick to Local Authorities' hospitals and institutions for the general sick in England and Wales was about 800,000. The hospitals in their statistical returns of patients who have been under treatment do not in all cases indicate the age, which is an important factor in rehabilitation, but it is thought that approximately one-third of the patients in this group require medical rehabilitation.

22. The problem of rehabilitation for these cases is different from that for cases of injury. Usually the function of the limbs is not permanently affected, but if the illness has been long and especially if it is associated with sepsis, the patient's bodily strength needs to be restored gradually by physiotherapy and exercises, and in many cases the feet need special attention to prevent dropping of the arches. There is no precise information as to



the extent to which rehabilitation in the case of general surgical and medical conditions is carried out in hospitals. It is provided at the larger hospitals in the Emergency Scheme and in varying degrees at other hospitals, but it is probably true to say that rehabilitation treatment in hospital, as distinguished from active surgical and medical treatment, is a comparatively new conception for this group, and has not received so much attention as in cases of injury. The Committee consider that this matter requires examination by the Health Departments and should be brought to the attention of the hospital authorities.

23. At the end of his hospital treatment the patient in this group, whether he is a surgical or a medical case, should have complete restoration of function, although with some residual weakness, *e.g.*, of the general musculature, the abdominal wall or the heart muscle. He may, however, need a period of convalescent treatment followed by a course of reconditioning which should include organised games and graduated exercises under strict medical supervision. A certain number may need to take up a new occupation but the proportion is comparatively small.

#### *Cardiac Cases.*

24. Cardiac cases constitute a particular class within the medical group and their rehabilitation requires special attention. In general, prolonged convalescence is required after cardiac failure or damage to cardiac muscle. Despite this a proportion of cases will remain bed-ridden or be compelled to lead an invalid life; the remainder will be able to resume their former activities to a greater or lesser extent, or to undertake work in an occupation requiring little physical effort. In these cases the cardiac reserve must be estimated and a regime laid down which lies within this reserve. Graduated exercises will restore a proportion to fair if not full working capacity; heavy work will be beyond their capacity but sedentary or light occupations will be possible and should be encouraged. Special centres providing continuous medical supervision, somewhat on the lines of a sanatorium rather than of a training centre, should form an essential part of the rehabilitation service for this group, but there is little if any provision of this kind at present for adults. The Committee consider that the post-war hospital plan should include provision for the establishment of a number of such centres.

#### *Pulmonary Tuberculosis.*

25. The treatment of patients suffering from pulmonary tuberculosis presents special features. The latest available figure of the adult population known to be suffering from this disease in Great Britain (at 31st December, 1938) was nearly 140,000. Of this total about 70,000 were classified as able to return to ordinary employment, while about 20,000—most of whom were under full time treatment in hospitals or sanatoria—were regarded as unlikely ever to return to any form of employment. In the remaining 50,000 the disease had been arrested or had become quiescent and there was good prospect of achieving full recovery provided that special measures of rehabilitation were made available. These are pre-war figures; wartime conditions have intensified the problem and it seems probable that the number to be dealt with in the post-war period will show a considerable increase.

26. Tuberculosis is a notifiable disease and a duty is placed upon County and County Borough Councils (in Scotland, County Councils and Town Councils of large Burghs) to make adequate arrangements for the treatment of persons in their areas at institutions or dispensaries approved by the Health Departments. Institutional treatment is given in a sanatorium or in a tuberculosis hospital or in an institution which combines the two, whilst



advanced cases are accommodated in homes or Local Authorities' hospitals. Apart from active treatment such as collapse therapy and thoracic surgery, the object is to reduce the disease to a state of quiescence by proper rest, hygiene, and diet, and to inculcate a way of living which, if continued after discharge, will give the patient a good chance of ultimate recovery. The medical side of treatment is a highly developed and specialised service. Some difficulty in providing adequately for the institutional needs has occurred since the war as a result of a shortage of beds, and even more of nurses and domestic staff, although the situation is being relieved to some extent by providing accommodation in hospitals within the Emergency Hospital Scheme for the use of tuberculous patients.

27. The prospects of recovery naturally depend on the stage of the disease when the patient is admitted. If he is in an advanced stage the prospects are doubtful and he would normally be regarded as incapable of any employment and therefore of rehabilitation. Where, as in the majority of cases, he is in a less advanced stage, it may be possible to arrest the disease and reduce it to quiescence, but the patient will not be fit for full time employment for a substantial period and any attempt to undertake it will increase the danger of a relapse. He can, however, undertake and benefit by part time work and it is in this sense that rehabilitation measures are required. The process begins while the patient is still resident in a sanatorium. A large and increasing number of sanatoria provide occupational therapy as a normal routine—not only to keep the patients occupied but also to fit them so far as possible for suitable employment on their discharge. The occupations carried on include gardening, poultry-keeping, carpentry, upholstery and leather work and clerical work. The later stage, when the patient is capable of more systematic and sustained effort, is not normally provided for, although there are some instances in which workshops are provided either at or in connection with the sanatoria and in others ex-patients are employed on the staff for a temporary period, *e.g.*, as gate porters, gardeners, or occupational therapy instructors. Further, ex-patients are in many cases trained for permanent employment at the sanatorium as nurses, assistant nurses or domestic staff with considerable advantage both to themselves and to the employing authorities. The Committee recommend that the Health Departments should keep constantly before Local Authorities the importance of developing these facilities to the fullest extent under their schemes for the treatment of tuberculosis. The Committee understand that no new powers or financial provision should be necessary for this purpose.

28. Perhaps the most complete type of care for the tuberculous person and his family is the combination of sanatorium and hospital treatment with a village settlement. Provision can be made in workshops and industries for training in suitable occupations those patients whose health improves, and this leads the way to full time or part time employment in the industries. There are only a few of these village settlements—Papworth being the earliest and most famous. It is run under voluntary auspices, but most of its patients are sent by Local Authorities under their tuberculosis schemes and are paid for on agreed terms. Apart from up-to-date facilities for treatment, the Settlement trains and employs a large number of ex-patients in a variety of occupations. Ex-patients have the opportunity, if they desire and accommodation permits, to take up residence with their families in modern type houses on the estate and live under normal conditions with the important advantage of constant medical supervision. The success of village settlements both from the medical and employment aspects is without question, and some extension of this provision is clearly most desirable to meet the requirements of the class of ex-patients who need to live and work



under segregated conditions. The restrictions on capital expenditure and the use of labour and materials must however hamper development of provision of this kind in war-time.

29. The question of post sanatorium rehabilitation for the benefit of patients who on their discharge from sanatoria need a period of part time employment to assist full recovery is dealt with in paras. 61 and 62 below.

#### *Blindness.*

30. The larger hospitals have an ophthalmic department, both for in and out patients, which is under the care of a specialist. The smaller hospitals, e.g., cottage hospitals, have no such special departments but usually the services of an ophthalmic surgeon are available in a consulting capacity and, if need be, cases of eye injury or disease can be transferred to the nearest hospital with special facilities. There are in addition a considerable number of special ophthalmic hospitals all over the country in the cities and larger towns. In these special hospitals or special departments defects of vision, due to injury or disease, are treated by surgical operation or medical means. If treatment is unsuccessful and blindness supervenes the patients are cared for by organisations such as St. Dunstan's, the National Institute for the Blind and local voluntary organisations; they also come under the special provisions of the Education Acts and the Blind Persons Acts. The employment problem is considered more fully in paras. 93-98 below.

#### *Deafness.*

31. Deafness due to organic disease of the organ of hearing is not as a rule amenable to medical or surgical treatment and little or nothing can be done in hospital to relieve the deafness. The only remedy is through the fitting of a hearing apparatus or by training in lip reading—which is considered in paras. 99 and 100 below. The Committee suggest however that the question of setting up hearing aid clinics calls for examination. One such clinic has been conducted for a number of years at the Department for the Training of Teachers of the Deaf at Manchester University, and similar clinics were established before the war in one or two hospitals in London. In view of the importance of ensuring that hearing aids, where prescribed in selected cases, are suitable and that they are properly adjusted from time to time under expert supervision, the Committee recommend that the Health Departments should investigate the possibility of setting up hearing aid clinics at a number of other centres suitably distributed over the country.

#### *Neuroses.*

32. Facilities for the treatment and medical rehabilitation of cases or neurosis are being provided during the war in special Centres under the Emergency Hospital Scheme. These facilities include psychotherapy, occupational therapy, workshops and physical training. Treatment, which is confined to in-patients, is available only for those who come within the scope of the Emergency Scheme. The results necessarily depend on the original mental make-up of the patients and the type of neurosis from which they are suffering. In the majority such restoration is effected as will enable them to return directly to ordinary employment, but some may require a short course of reconditioning. A minority remain as problem cases and misfits for whom special consideration and advice from the point of view of vocational guidance and selection of employment are necessary. Opportunities for after care and follow-up to enable these cases to be retained in suitably selected employment are at present lacking and need development for a post war scheme.



33. The extension of these facilities to persons outside the Emergency Hospital Scheme presents difficulties because of the limited number of specialists available for this form of treatment. In view however of the increasing recognition of neurosis as a cause of wastage and absenteeism, the institution of further measures to develop this service has become a matter of considerable importance.

34. Out-patients departments and clinics with facilities for psychotherapy are now available for the general population in some areas but their number is limited and the need for further provision should be recognised under the post war hospital plan. The number of neurosis cases that will need special rehabilitation facilities will be small in comparison with the number of patients requiring treatment, as a person suffering from neurosis is not necessarily handicapped in obtaining employment. The problem is to determine the degree of handicap and the most suitable kind of employment and this involves expert advice. It appears to the Committee that the need can only be met through the establishment of a neuro-psychiatric service on a regional basis to which difficult cases could be referred, and which would give facilities for the follow up of the problem cases.

#### • *Psychoses.*

35. The rehabilitation of a patient after recovery and discharge from a mental hospital is often attended with difficulty because of possible prejudice militating against acceptance for employment, or a feeling of reluctance on his part to mingle with his fellows, or a disinclination to work or remain steadily at any one occupation. Experimental work in this direction carried out by the Mental After-Care Association has shown that patients discharged from a mental hospital are by no means unemployable and that the lack of after-care is responsible for a recurrent group of re-admissions. The need is for special measures to consolidate recovery and to prevent relapse but at present the after care for mental cases is most unevenly and diversely developed. In some hospitals it is done by Social Workers on the hospital staff, in others it is delegated to Voluntary Associations (Mental After-Care Association or Local Voluntary Associations for Mental Welfare) and in some it is non-existent. The question of rehabilitation measures for this group requires consideration by the Departments concerned—in conjunction with the Board of Control.

#### *Industrial Diseases, etc.*

36. The Committee have not thought it necessary to consider separately the various categories of diseases connected with particular industrial occupations. In so far as these require improved hospital facilities the need should be met through the general hospital service; in regard to post hospital rehabilitation and resettlement—either in the previous or in some other occupation—the proposals made by the Committee in the later sections of this Report will be available for the industrial as for other categories of disablement. In regard to the mining industry, the Committee suggest that the problem of disablement (whether due to disease or other causes) among mine workers should be the subject of special consideration between the medical service of the Ministry of Fuel and Power and the other responsible Departments. The Committee understand that co-operation between the Departments has already been established and they regard it as important that this should be continued for the post war scheme (see para. 115 below).

#### *War time Experiments.*

37. The Committee's terms of reference do not cover the question of detecting and arresting the development of disabilities in the early stages,



but it may be useful to draw attention to the three following war time experiments which have been specially brought to their notice.

(a) The War Office has set up at Kingston, Skegness, and Dunblane special Centres where men suffering from some minor disability are sent for the purpose of receiving treatment under skilled medical supervision designed to upgrade them for full military duty. Some of the disabilities are due to natural causes but all have been aggravated by neglect, under-nourishment, or unsuitable occupation; they could easily have been cured had they been treated at an early stage and but for the accident of medical examination for Army service they or many of them would probably have grown into serious disablement. The centre treatment consists of remedial exercises, physical training, physiotherapy, etc., and the result of the first year's work at the Kingston Centre is that about 61 per cent. of the number of men treated have been restored to full physical activity, while a further 16 per cent. show a substantial improvement.

(b) At the suggestion of the Minister of Labour and National Service, the Minister of War Transport is arranging to establish a special centre in the Manchester Docks where dock workers suffering from minor physical ailments can receive medical advice and be referred as necessary for treatment with the object of assisting them to resume work with the minimum of delay. The centre will work in close co-operation with the local hospitals and the scheme, which will be financed out of the management funds of the Merseyside Dock Labour Scheme, will include a provision for the payment to the men of a weekly maintenance allowance during any period when they are certified as unfit for work. The scheme is expected to come into operation in the immediate future.

(c) An experiment in preventive medicine designed to safeguard the health of young war workers has been operating in the Clyde Basin. Panel Doctors in that area have been asked to keep a special watch upon their younger patients, especially those between the ages of 15 and 25, for signs of a possible breakdown in health. These are referred to the Regional Medical Officer of the Department of Health for Scotland, who arranges for special examination consultant advice and admission to a hospital, if necessary, for observation and further diagnosis (and treatment in certain cases). Where only a short period of rest is required patients are sent direct to a convalescent home. The Regional Medical Officer gives the panel doctor a report on each case, and where a patient is admitted to hospital a further report is sent to the panel doctor on the patient's discharge. In some instances the doctor's attention is drawn to the desirability of sending the patient back to hospital, after a period, for further diagnosis. This follow-up is of value in assessing the general results of the scheme. The scheme was started in the middle of January, 1942, and up to September about 1,000 workers had been referred by their doctors to the Regional Medical Officer. Of these some 550 were sent to hospital or to a convalescent home. It is already clear that the scheme is fulfilling its function of preventing serious breakdown in health by dealing with the incipient stage of illness. The big majority of cases return to industry within a comparatively short time, either in their old or in an alternative occupation.

38. These experiments have a particular interest in that they are designed to prevent deterioration to the stage of disablement and thus to reduce the need for special measures in the field of industrial rehabilitation and resettlement. The Committee suggest that they should be specially examined by the Departments concerned with the development of arrangements for preventive medicine in industry.



### Summary.

39. The Committee would fail in their duty if they were to present the task to be accomplished, before the nation possesses an adequate rehabilitation service in the hospitals, as other than immense. The gap between what is needed and the provision to meet the need is wide. Existing rehabilitation departments have to be brought up to the desired standard and new departments have to be created to permit the longer stay in hospital which the rehabilitation process demands. It is true that the aggregate number of hospital beds has been greatly increased under the Emergency Hospital Scheme and full rehabilitation facilities have been provided at special centres under that Scheme, but this does not obviate the need for extensions at a large number of general hospitals throughout the country if the new service is to be widely and uniformly developed. A very great and sustained effort on a national scale is required if the pioneer work done in relatively few institutions up and down the country is to be extended to meet the actual dimensions of the opportunity and the need. The provision of adequate and suitable accommodation and equipment is, in the main, a financial question: but the terms of the necessary finance are anything but modest. Beyond this lies the even more serious problem of staffing a whole range of new departments. The trained personnel at present available, both medical and lay, is strictly limited: yet the pace at which rehabilitation can proceed is most strictly determined by the number of persons competent to direct and conduct it. Be it frankly admitted that remedial and occupational therapy have yet to win their full recognition in the medical profession, especially in relation to general surgical and medical cases as distinguished from cases of injury; and that there is at present little to attract to this most vital service a sufficient supply of qualified persons. The necessary increase in trained personnel cannot be brought about without the fullest co-operation of the authorities responsible both for medical education and the training of masseurs and allied workers in rehabilitation. It must take time. But there is an immediate need to improve the status of this service and to make it more attractive. The Committee urge that the Universities and Royal Colleges should consider instituting a Diploma covering the special needs of rehabilitation and that some similar Diploma should be made available for the ancillary workers. There is moreover a vast field of work to be done in providing those facilities for further rehabilitation which are required for a large proportion of patients after they have received all that can or should be provided in hospital. This is dealt with in the next Section of the Report.

## IV. POST HOSPITAL REHABILITATION.

40. The majority of persons (whether completely restored or left with a residual disablement) are fit and able on the completion of their hospital treatment to take up their previous or some other satisfactory form of employment, and such assistance as they may require for that purpose comes under the heading of Resettlement which is dealt with in Section V below. There is however a substantial number for whom a further measure of rehabilitation is necessary before they can be regarded as ready to resume work. The need may arise through various causes; there may be physical or mental unfitness for full time activity—requiring a *course of reconditioning* or graduated employment; or there may have been a loss of limb—requiring replacement by an *artificial limb* before capacity for employment can be established; or the disablement may be such as to prevent return to the previous occupation or entry into satisfactory employment—requiring a course of *vocational training* for a new occupation. The term “post hospital



rehabilitation " is used to cover requirements of this kind, i.e., to bridge the gap between the completion of hospital treatment and fitness for employment or occupation within the scope of the disablement. This section of the report deals with these three subjects under separate headings ; it also covers the special problem of post hospital rehabilitation for those suffering from tuberculosis.

41. The decision as to the fitness of a patient on the completion of hospital treatment rests primarily with the medical authorities, but where the patient is regarded as unable or not ready for any reason to resume full activity, the combined judgment of medical and industrial experts is required to determine the next step. The Committee have already called attention in para. 6 above to the need for close co-operation between the Health and the Industrial services throughout the whole process of rehabilitation ; the completion of hospital treatment represents a most important stage in that process. In particular, the hospital authorities need full information as to the facilities available in their respective areas for reconditioning, vocational training, and specialised employment.

#### *Reconditioning.*

42. The term " Reconditioning " is used to cover the provision required to assist the mental and physical restoration of persons who on discharge from hospital are not fit to go immediately to full time employment or to a full time course of vocational training. With the development of hospital facilities—particularly medical rehabilitation on the lines discussed in the preceding section of this Report—the number of patients requiring a course of reconditioning after leaving hospital will diminish, but for so long as the hospital service falls short of the high standard of the Emergency Scheme the need for post hospital reconditioning will continue to be substantial. There is some confirmation of this through the experience of the Interim Scheme, but the real position is obscured by the prevailing shortage of labour and the ease with which disabled persons (including many who are below the normal standard of fitness) can obtain employment for which in normal times a higher standard of fitness would be required (see para. 7 above). It is therefore difficult to estimate the extent of the post-war need for reconditioning facilities, but in the Committee's view it is likely to be substantial and in the next three paragraphs they make proposals for meeting it.

43. The first requirement of a reconditioning service is the establishment of special centres with facilities to assist full recovery to physical fitness by the provision of fresh air, good food, physical training and exercises, together with a limited amount of useful indoor occupation. These centres should be mainly residential ; the period of stay should not extend beyond a few weeks at the end of which the individual should be able to go either direct to employment or, where the disablement so requires, to a Vocational Training Course to learn a new occupation. It will not be necessary to provide full time medical supervision, but medical advice should be made available as required and each centre should be linked with a hospital for the benefit of individuals requiring special examination or treatment. The Ministry of Labour and National Service has already decided, by way of experiment to establish a centre of this kind. This experiment should prove of value for further developments and the Committee hope that its working will be watched carefully from this point of view. They consider that several such centres will be required to meet the post-war need.

44. In some cases it may be found that light employment will be a more suitable aid to reconditioning than a simple course of the kind indicated above. The Committee cannot too strongly deprecate a system under which



the provision of light employment is treated not as a part of the rehabilitation process but merely as a factor in determining the quantum of compensation. In so far as properly graduated light employment in industry can be provided under proper advice and under conditions designed to restore full employability there is much to be said for this method, and wherever satisfactory arrangements to this end can be made there is advantage in getting the worker back into more or less normal industrial surroundings as soon as possible. But where such arrangements cannot be satisfactory, it will be far better for light employment on productive work, under non-competitive conditions and adequate medical supervision, to be provided in special centres. These centres, which would not necessarily be residential, should be situated as near as possible to industrial areas so as to facilitate the early transfer to employment. They would be a development of the centre discussed in the previous paragraph.

45. Other opportunities for reconditioning through the medium of employment may be made available in existing institutions. One such example is provided by the Ex-Services Welfare Society at Leatherhead. This Society is concerned particularly with cases of neurosis which, by means of a short period of specialised employment under medical supervision, can be assisted towards full recovery. The employment is provided through the manufacture of Thermega electrical blankets—a product that has proved of value both for hospital and private purposes. The Society is proposing to set up another establishment in Essex. Other examples are the St. Loyes College for the Training and Rehabilitation of the Disabled at Exeter, and the Derwen Cripples Training College, Oswestry, which undertake employment in connection with training. An example from Scotland is Erskine House near Glasgow which has been interested for many years in the welfare and employment of limbless ex-Service men.

46. The responsibility for the provision of a reconditioning service should rest with the Ministry of Labour and National Service—subject, in respect of juveniles, to the reservation mentioned in para. 109 below. It will be necessary to provide for the maintenance of persons during the course of reconditioning, and the Committee suggest that this should be in the form of a maintenance allowance similar to that payable during a course of Vocational Training—see para. 59 below. The Committee recommend that the above proposals should be examined in detail by the Ministry and brought together into a considered scheme ready for introduction at the end of the war. The scheme should include arrangements for co-operation on a Regional basis with the hospital services. The Committee also suggest that the question of increasing during the war the facilities for reconditioning—either by an extension of the experiment already contemplated by the Ministry of Labour and National Service or by the greater use of the opportunities already existing in voluntary institutions should be considered.

#### *Artificial Limbs.*

47. In the course of their consideration of possible extensions of the Interim Scheme, the Committee's attention was drawn to the question of the supply of artificial limbs to enable persons who are not entitled to a free issue of such limbs to undertake work of value to the war effort. It was explained to the Committee that the free supply of artificial limbs was limited to persons who had suffered a limb amputation through war service or as a result of enemy action, i.e., to members of H.M. Forces, the Merchant Navy, and the Civil Defence Services, or to civilians injured through air raids, and that the service did not extend for example to members of the Merchant Navy or the Civil Defence Services whose injury was not occasioned in the course of their duty or was not directly attributable to enemy action. There is, of course, also no provision under Government



auspices for the supply of artificial limbs to industrial or other workers injured in the course of war or other employment, or through other forms of accident ; the provision of limbs for such persons is largely fortuitous and in many respects is unsatisfactory. The Committee recommended that wherever it could be certified that the provision of an artificial limb would enable a person, not entitled to a free issue, to take up work of value to the war effort, the limb should be provided and that the cost both of the limb and of the treatment preparatory thereto should be borne by the Ministry of Labour and National Service—subject to recovery on a contributory basis. This recommendation was accepted, but the Committee understand that it has since been put on to a much broader basis and in its new form has been carried into effect. This is a war time measure only and the Committee have considered the question of its continuance in the post-war scheme of rehabilitation.

48. The making and fitting of artificial limbs has been brought within recent years to a high standard of efficiency. The Ministry of Pensions with its limb fitting service has made a special study of the subject, and its experience is unrivalled in this country, if not in the world. In the majority of cases of single leg amputation, the artificial limb not only permits employment in a wide range of occupations but enables the amputee to give full output and to compete on terms of equality with persons not so handicapped ; to a certain extent and within a narrower range of occupations this is also true of double leg amputations. The position in respect of amputations of the hand or arm is more difficult, but the artificial limb no longer constitutes a bar to industrial employment ; it permits the efficient performance of clerical and various kinds of manual work—through the fitting of special appliances designed for particular occupations. The absence of an artificial limb or limbs does however create a real handicap not only to efficient work but, in the case of leg amputations, to travel to and from the place of work and to movement in the workshop or factory. Under the Interim Scheme persons with artificial limbs have been placed without difficulty in many forms of skilled employment ; these include double leg amputations but there have also been some cases of the successful placing of men and women who have suffered a double arm amputation. In these circumstances the Committee consider that the provision of artificial limbs should find a place in the post-war scheme of rehabilitation and they make a recommendation in para. III below as to the action to be taken for this purpose.

49. The Committee would like to emphasise the special importance of proper action to ensure that persons who have been fitted with artificial limbs are given the opportunity of entering into employment of a kind that makes the fullest use of their skill and capacity. The idea still prevails (see para. 8 (c) above) that a man who has lost a limb, particularly an arm, is unfitted for skilled employment and can only expect employment of a menial character, e.g., as a liftman, messenger, or attendant. Such a view is not merely unfair to the individual but it negatives the efforts of the limb fitting surgeon to equip his patient for a specified occupation—including in some cases the designing of special fittings to the limb for this purpose. The Committee consider that it should be a special responsibility of the Ministry of Labour and National Service, through its local offices, to overcome the prejudice that may exist in the minds of employers or others in regard to the employment of persons fitted with artificial limbs, and that action in this direction should form part of the follow-up service recommended in para. 103 below.

### *Vocational Training.*

50. The term “ Vocational Training ” is used here to mean training for employment under ordinary conditions ; it does not include training of the kind required to assist the employment under sheltered conditions of the



more severe or difficult types of disablement. The need for vocational training is not only for those who have recently left hospital but also for persons whose disablement dates from previous years—in some cases from birth or childhood. Vocational training may be divided into three broad groups:—

- (a) Training—including courses of higher education—for the professions and for the higher grades of technical, administrative, and executive employment ;
- (b) Training for semi-professional, technical, executive, and clerical occupations below the grade of those in (a) above ;
- (c) Training for industrial occupations.

51. The Committee understand that the question of training for the first of these three groups is now being examined in connection with the general plans for the period of demobilisation with a view to (i) assisting the change-over from war to peace conditions, and (ii) making good the deficiency of qualified workers in the professions etc., which the war has occasioned. It may be expected that a certain amount of help will be available under these plans to disabled persons who are able to satisfy the general conditions that may be laid down, but this will not be sufficient to meet the needs of persons whose claim to special consideration arises from the fact of disablement, nor will it carry out the declared policy of the Government to make full provision on a permanent basis for the rehabilitation and resettlement of disabled persons irrespective of the cause of disablement. The Committee have considered whether they should attempt to devise a scheme of training for persons in this group, but they feel that this would duplicate the work that is already being done elsewhere. They understand that certain training facilities at the University and higher professional level are now available for persons discharged on medical grounds from H.M. Forces, the Merchant Navy, and the Civil Defence Services, who are not required to undertake other forms of national service. The Committee suggest that the question of extending these facilities to persons in this group who have suffered disablement otherwise than through war service should be considered forthwith, and that the possibility of including such facilities in the permanent post-war scheme should be examined.

52. In regard to the second group, there will be a very considerable number of persons handicapped by disablement who will require training for business, administrative, executive, or semi-professional occupations of a grade below that covered in the preceding paragraph. Arrangements have been made under the Interim Scheme to provide this type of training, but the demand has so far been very limited. The Committee recommend that provision for training courses for this group of occupations should be made by the Ministry of Labour and National Service as part of its general scheme of training, in co-operation as necessary with the Education Departments.

53. In regard to the third group, viz. industrial occupations, the Committee recommend that the scheme of vocational training now administered by the Ministry of Labour and National Service should be adapted and extended to meet post-war requirements—on the lines indicated in the following paragraphs. The scheme should apply to persons of and above the age of 16 ; such training as may be required by persons under that age should be related more definitely to the education services and should be the responsibility of the Education Departments. The question of extending the powers of Local Education Authorities for this purpose and the financial provision are dealt with in Section VI below. Certain training facilities are already provided, or in connection with post-war development may be contemplated, by other Departments, e.g., by the Ministry of Agriculture in respect of agricultural occupations of a technical character. The Committee consider that in so far as it may be found desirable for specialised courses of training to be operated



by other Departments, such Departments should co-operate with the Ministry of Labour and National Service with whom should rest the general responsibility for seeing that the same broad principles apply throughout the scheme.

54. The facilities at present available to the Ministry of Labour and National Service for vocational training in industrial occupations are as follows:—

- (a) Government Training Centres—administered directly by the Ministry ;
- (b) Technical Colleges—acting on behalf of the Ministry and being paid for the service ,
- (c) Employers' establishments—where the employer acts on behalf of the Ministry and is paid for the service ; and
- (d) Special centres—administered by voluntary bodies but receiving financial assistance from the Ministry.

The first three provide regular courses of training both for the able-bodied and the disabled and they are particularly suitable for those whose disablement permits training on more or less standard lines and in the company of able-bodied persons. There is, however, a number of persons who on account of the nature of their disablement or for other reasons cannot easily be fitted into a standard course and require more specialised and individual consideration, together with some medical supervision. It is for such persons that special centres under (d) above are necessary. Two such centres are now being used under the Interim Scheme, viz., Queen Elizabeth's Training College for the Disabled, Leatherhead, and St. Loyes College for the training and rehabilitation of the Disabled at Exeter. These centres have specialised for many years in the training of disabled persons and have achieved a marked success. The Committee consider that the war-time arrangement with these centres should be developed to the fullest extent so that the experience may be made available for the post-war scheme. The Committee are of opinion that further centres of this kind will be required and they suggest that the Ministry should examine the possibility of extending the service—either in association with voluntary bodies already undertaking this type of training, or through the establishment of centres under its own administration.

55. The training provided at the Government Training Centres and at Technical Colleges is the product of many years of experience. It is of an intensive character, is given by skilled instructors and, in the Government Training Centres, is organised so as to reproduce as nearly as possible in each centre the ordinary working conditions of industrial employment. An essential feature is that the trainee should be physically able to take the full course and to follow successfully the occupation in which he has been trained. This applies to disabled persons, under the Interim Scheme, as to able-bodied persons under the pre-war or war-time schemes. For these reasons the Training Centres have been administered by an industrial staff without expert medical advice—apart from the attachment to each Training Centre, under a recent decision, of a medical consultant on the analogy of the Works' Doctor in ordinary factories. The Committee attach importance to the maintenance of this general principle and consider that it would be a mistake to introduce into Government Training Centres or Technical Colleges anything in the nature of medical or therapeutic treatment.

56. The Committee desire to emphasise the importance of full consultation with both sides in industry on the scheme of vocational training with a view to securing their co-operation in its working. As the Committee are not in a position to take evidence or to consult with outside bodies, they must of necessity limit their recommendations to general principles. They suggest that these principles—which are set out in the two following paragraphs—should be discussed in the first instance with the Trades Union Congress



General Council and the British Employers' Confederation and that the application of the principles to separate industries and occupations should then be worked out in detail with the representative organisations. The Committee recommend that such discussions should be started as early as possible with a view to getting agreement well in advance of the operation of the scheme.

57. There are three general principles which in the Committee's view should govern the scheme of industrial training. These are :—

(a) The training must be directed towards specific employment ; training is worse than useless if at the end of it the person trained cannot be placed with reasonable speed. This principle is an essential feature of the present scheme (as it was of the pre-war scheme) of training for the able-bodied ; it has an added importance where the persons to be trained are disabled. The course of training and the numbers to be admitted will therefore have to be determined by the opportunities for employment in the different occupations.

(b) Disablement should not, by itself, constitute a claim to a course of training, i.e., a disabled person should not be admitted merely because of a wish to learn a new occupation ; there must be some evidence that the disablement constitutes a handicap to satisfactory employment, either in the previous or some other occupation, and that a course of training is necessary and may be expected to overcome this handicap. This principle has been applied under the Interim Scheme and the Committee recommend that it should be continued in the post-war scheme.

(c) The training should be carried to the stage at which the individual can take his place on equal terms with those who have entered employment in the ordinary way—whether under apprenticeship or otherwise. The Committee do not favour the system adopted after the last war whereby institutional training was followed by subsidised improvership with private employers for a period until the worker was able to earn the full rate of wage.

58. On the basis of these general principles the Committee recommend that :—

(a) There should be full consultation with bodies representing employers and workpeople as to the number of persons to be trained in a given period and as to the proportions between different occupations in each industrial group. Every endeavour should be made to cover as long a period as possible so that the necessary plans can be made well in advance. The ultimate responsibility should rest with the Ministry of Labour and National Service which should take into account both the expressed views of the industrial representatives and also the changing requirements of the particular industries concerned.

(b) The representatives of industry should advise as to (i) the general standards to be applied in the selection of persons for training, (ii) the curriculum of training, (iii) the nature of the trade tests to be applied, and (iv) the standard of proficiency to be attained.

(c) The Ministry of Labour and National Service should be responsible for the general administration of the scheme—taking into account the advice received from the representatives of industry, and for the individual selection of persons for particular courses of training.

(d) The representatives of industry should make themselves responsible for securing that persons who have been trained to the standard laid down are accepted without question and are given proper recognition with other workers.



### *Maintenance during Training.*

59. The provision to be made for the maintenance of disabled persons during the period of training calls for special consideration. Under the Interim Scheme the trainees receive maintenance allowances on a fixed scale ; this includes a payment in respect of dependent wives and children and is paid without regard to the receipt by the trainees of any pension or other payment in respect of the disablement. The trainees are not regarded as in employment during the course of training and are not required to pay contributions under the N.H. and Pensions and U.I. Schemes. The Committee recommend that this principle should be adopted in the post-war scheme ; the maintenance allowance should be at a uniform rate—irrespective of the wage payable in the occupation in which training is being given. This principle permits flexibility in administration and facilitates transfer to another course if the course originally selected is found to be unsuitable. The Committee also consider that the same maintenance allowance should operate in the Reconditioning Centres contemplated in paras. 43 to 46 above. The financial implications of this proposal are dealt with in Section VI below.

60. The above recommendations relate, in accordance with the Committee's terms of reference, to the special problem of training disabled persons. It may be that other schemes of training under Government auspices will be found necessary to meet certain special requirements of the post-war period, e.g., to increase the labour force in particular industries. Such schemes will not be concerned with disabled persons as such but they will operate concurrently with the Disabled Training Scheme and it will no doubt be found advisable to provide both types of training in the same centres. This position obtains at the present time ; the general scheme of training for munitions, etc., employment is being carried out in the Government Training Centres, and in the Technical Colleges, concurrently with the Interim Scheme of training for disabled persons. Under the munitions training scheme the trainees (except those in the lower age groups) are in the position of employees and they receive wages at rates fixed in relation to those payable in the engineering industry ; the scheme is designed for able bodied persons but disabled persons who are capable of taking one of the courses may be accepted and, if so, they receive the wages and are subject to the other conditions of the scheme. This permits disabled persons to receive their training in association with the able bodied—an advantage which the Committee would welcome in the post-war scheme. For this as well as for other reasons the Committee regard it as important that the complete scheme of vocational training for the disabled should be based upon a common plan so that the fullest opportunity may be accorded to disabled persons to undertake training, under either a general or a special scheme, in any occupation of which they are adjudged capable.

### *Rehabilitation Employment for the Tuberculous.*

61. Reference was made in para. 29 above to the question of post sanatorium rehabilitation for the benefit of that group of patients suffering from pulmonary tuberculosis who, on their discharge from sanatoria, need a prolonged period of modified or part time work to assist their full recovery. The condition of these patients is such that, though the disease is quiescent, any attempt to undertake full time work would be beyond their strength and would probably lead to a relapse ; their problem has therefore the special feature that the patient has to be discouraged for a considerable period from doing more than a certain amount of work—even if he wishes and thinks himself able to undertake it. Careful selection of occupation and continued medical supervision are of the greatest importance and these needs can be met where the employment is provided in Institutions or Voluntary Undertakings specially concerned with the



tuberculous. There are however not sufficient facilities of this kind, but if the employment is to be with private employers there is the additional obstacle of reluctance on the part of employers to engage, and of employees to work with, persons who are known to have been under treatment for tuberculosis.

62. The question of modified or part-time employment has formed the subject of a recent report by the Committee on Tuberculosis in War-time appointed by the Medical Research Council. The report advocates co-operation between the public health authorities and the Ministry of Labour and National Service in providing for convalescent non-infective cases either part-time work under ordinary industrial conditions, or full-time work modified as regards speed or otherwise, and in providing this modified work under sheltered conditions for the chronic active type of case. There is also a recommendation that, with a view to relieving patients from financial anxiety likely to militate against their cure and discouraging them from engaging in work beyond what is desirable in their own and the community's interest, some provision should be made for the payment of allowances for patients (with dependants) who are undergoing institutional treatment or conforming to a prescribed course of employment as part of their treatment. These allowances would be adjusted to wage earnings in such a way as to leave a reasonable financial return for work. The Committee understand that the Minister of Health and the Secretary of State for Scotland are considering these recommendations in connection with the measures which they have in preparation for combating the threatened increase of tuberculosis in war time and that they agree with them in principle. The Committee welcome this scheme which, when its details have been finally worked out, should provide for those requiring the forms of rehabilitation referred to above, as well as for those who are being treated in the incipient stages of the disease.

## V. RESETTLEMENT.

63. The permanent scheme of resettlement should provide for (i) persons who are capable of employment in the ordinary field of industry and commerce, and (ii) persons who appear unfitted for employment under ordinary conditions. Although there is this division into two broad groups, there is no exact dividing line between the disablement that prevents and the one that permits work under ordinary conditions. Factors such as character, intelligence, age, and experience are more important than the disablement itself in determining capacity, and it may be hoped that many persons who may appear at first to be incapable of ordinary employment will be found able, after a period of specialised training and experience under sheltered conditions, to enter the ordinary employment field. It is important that this consideration, which has influenced the Committee in its recommendations for sheltered employment, should govern the administration of the whole scheme of resettlement. There are two categories of disablement, viz., blindness and deafness, which require special consideration and these are dealt with under separate heads.

64. It was pointed out in para. 9 above that the only satisfactory form of resettlement for a disabled person is employment under ordinary conditions. The Committee there expressed the view that such employment would be found to be within the capacity of the great majority of the disabled but they drew attention to the fact that the contrary view is widely prevalent. They therefore feel that it will be necessary to include in the resettlement scheme special measures both to assist disabled persons to get employment suited to their capacity and their disablement and to provide them with some measure of security during the early period of that employment. The need existed before the war—for those disabled through industrial accident or other peace-time circumstances; the war has increased the number of victims and has intensified the problem,



but the end of the war will present a good opportunity to introduce remedial measures and to lay the foundation for a permanent addition to the structure of the country's social services.

*King's National Roll.*

65. At the end of the last war, special action was taken by means of the King's National Roll to assist the re-employment of disabled ex-Servicemen. This scheme, which was introduced by Royal Proclamation in 1919 and is still in operation, is based upon an appeal to employers to employ a specified quota of disabled ex-Servicemen (1914-1918); employers who respond to the appeal and satisfy the conditions are formally enrolled and are entitled to use on their notepaper, etc., the special emblem of the scheme. The normal quota is 5 per cent of the total staff employed, but it has been found necessary to modify this considerably to meet the special circumstances of particular industries. In March, 1941, the number of enrolled employers was just over 26,000, and the number of disabled ex-Servicemen in their employ was about 318,000. During the twenty years of its operation up to the beginning of the present war the scheme achieved a considerable measure of success, for throughout this period the percentage of unemployment among disabled ex-Servicemen—whether in times of comparatively good employment or during periods of depression and heavy unemployment—was consistently lower than the percentage among the total insured adult male population. The experience of this scheme, which still enjoys a deserved reputation, is of value to the consideration of the problem of resettlement as it will appear at the end of the present war.

66. The King's Roll Scheme has three distinctive features which are closely relevant to the present problem. The first is that it is limited to ex-Servicemen awarded disability pensions. Eligibility is therefore determined solely by entitlement to pension and this is assessed in relation to physical impairment and not to general employability or to any particular occupation. The conditions for enrolment can therefore be satisfied by the employment of men with minor disablements which constitute no handicap to employment, and it is broadly true to say that a considerable number of those included for enrolment purposes would have got employment without difficulty and without the measure of preference which the scheme afforded. The scheme has not provided adequate assistance to men with more serious disablements. Two other points may be noted here. The number of disabled ex-Servicemen (1914-1918) employed under the scheme is not the total of such men; there are many thousands now in the employ of unenrolled firms. Also, the limitation to disability pensioners has meant the exclusion of ex-Servicemen who were not awarded pensions, i.e., men whose disablement occurred during war service but in circumstances or through causes that were not attributable to nor aggravated by such service.

67. The second feature of the King's Roll Scheme is its limitation to men who served with H.M. Forces. The circumstances of the 1914-1918 war created a special obligation towards men who had suffered disablement through Service with H.M. Forces and justified the grant to them of preference in employment over other categories of disabled persons. Total war blurs the distinction between Service and other causes of disablement. The claims of men and women serving in the Merchant Navy and in the different branches of Civil Defence are recognised as comparable with those of men and women in the Fighting Forces; the national responsibility towards civilians who have been injured in air raids has been recognised under the Personal Injuries (Emergency Provisions) Act, 1939; and there are other categories of disablements which though not qualifying for State pension purposes are none the less due to war circumstances or war employment. It would no doubt be possible to extend the scope of the King's Roll Scheme to include categories



of disablement now recognised for pension purposes, i.e., to maintain the principle of entitlement through pension award, but this would still exclude the war service non-pensioner and the many other categories of disablement.

68. The third feature of the King's Roll Scheme is that the appeal for voluntary action is reinforced by a substantial inducement in the form of a preference for enrolled firms in the allocation of Government contracts. This feature, introduced originally in 1921 and confirmed by Resolution of both Houses of Parliament in 1926, has proved of great value and even today is assisting the employment of 1914-1918 disabled ex-Servicemen. The effect, however, has been most marked in the field of industrial employment and among the larger employers; there has not been the same encouragement to the smaller employer and to those engaged in commerce and in the distributive trades. To this extent the opportunities for the preferential submission of disabled men have been limited—a factor of some importance, since commercial and distributive trade occupations are particularly suited to disablements which prevent heavy physical effort.

69. For these reasons the Committee, while recognising the great value of the King's Roll Scheme during the difficult years of its operation, cannot avoid the conclusion that it is not suited in principle, and could not be made adequate in practice, for a permanent and comprehensive scheme of resettlement. It appears also to the Committee that it will not be possible to retain the principle of preference in Government contracts for enrolled firms concurrently with other measures based upon a different principle, but without this feature the King's Roll Scheme will lose much of its effectiveness. On the assumption that a new scheme can be devised and is accepted, the Committee have no alternative but to recommend that on its introduction the King's Roll Scheme should be terminated. As, however, this action would deprive disabled ex-Servicemen (1914-1918) of the protection they have enjoyed for a number of years, the Committee recommend that all such men who are still in receipt of a disability pension should be granted special recognition in the new scheme. Provision for this is made in paragraph 85 below.

70. The Committee have next considered the possibility of devising a new scheme which, while retaining the advantages of the voluntary principle, would include a more direct and effective incentive to the employment of disabled persons than is provided in the King's Roll Scheme. It appears to them that the incentive would have to be financial—in the form, for example, of a grant from public funds to employers in respect of the employment of disabled persons as such, or of a subsidy—payable either to employers or to employees—in respect of the difference between the earning capacity of a disabled person and the normal earnings of non-disabled persons in the same occupation. The Committee reject this method as undesirable in principle and impracticable.

71. The Committee's general conclusion is that the voluntary method will not suffice and that some measure of statutory obligation will be required. A scheme on this basis presents many difficulties and its administration will not be easy, but the Committee consider that the difficulties can be overcome provided that the limitations are recognised and no attempt is made to achieve more than is reasonably practicable. In their examination of the question the Committee have had regard to certain general considerations which are worth recording as they point the way to the later proposals. These considerations are as follows :—

(a) As employment is the object in view, the factor of disablement must be considered not in its personal sense but in its relation to employability (see para. 9 above). Among the different forms of disablement there are



many which do not in fact constitute a handicap to employment—though they may be recognised as justifying the award of a disability pension. Some disablements prevent employment in certain occupations but constitute little or no handicap to efficiency in other occupations; in some cases what would ordinarily be regarded as a minor defect or injury may, in fact, be a greater bar to employment than a disablement which is rightly regarded as very severe and is assessed at a very high percentage for pension purposes. Any scheme to assist the resettlement of the disabled in ordinary employment must therefore include a definition of what is to constitute disablement, and this definition must be related to employability. (It is to be noted that no attempt has been made under the Interim Scheme to define disablement).

(b) The term "disablement" under the Committee's terms of reference covers disablements from all causes. The scheme must provide therefore not only for physical injury, but for conditions resulting from disease or from congenital deformity. It must however be recognised that conditions resulting from injury, disease, or congenital deformity, are not the only handicaps to employment. However far the principle of equality of opportunity is carried, natural qualities such as brains, manual dexterity, physique, appearance, character and personality must always give those who possess them an advantage in obtaining employment, and conversely the lack of these qualities must always be a handicap. Cases may occur in which there will be no very clear difference between the effects of disablement, particularly that arising from congenital deformity, and lack of some of the natural qualities mentioned. A scheme designed to remove the handicap arising from disablement must maintain, and have behind it public sentiment which is prepared to maintain, a distinction between those suffering from such a handicap and those handicapped in other ways, since it would clearly not be practicable to make any satisfactory provision for the latter.

(c) The present total of disabled persons (however this may be defined) is not known and it does not seem possible to make even a rough estimate. Hospital statistics and the returns of industrial and road accidents show as a rule only the number of cases and the duration of treatment and give no indication as to whether or not there is a residual disablement. There are some 400,000 disabled ex-Servicemen from the last war still in receipt of disability pensions and there is a growing number of Service and civilian casualties from the present war. But even if the present total of disablements were known, it is obviously impossible to make even an approximate estimate of what the total will be at the end of the war and what proportion it will bear to the total employable population. All that can be said is that it is likely to be a formidable figure.

(d) There is also no information as to how the total is, or will be, distributed among different categories of disablement, nor as to the distribution by sex, age, date of disablement, area, previous experience, and present capacity for employment. The proportion between the total of disablements caused since the outbreak of the present war and the total of disablements of earlier date may be an important factor as—broadly speaking—the former respond more readily to rehabilitation, vocational training, and change of employment, than do the latter.

(e) Unemployment among disabled persons cannot be cured by a simple statutory requirement to employers to engage them, but the incidence of unemployment can be reduced by measures designed to ensure that the handicap of disablement is not made worse by lack of opportunity or by prejudice. The scheme should not therefore try to create employment or preference for disabled persons regardless of their capacity to undertake



the work required and of the need for efficiency in production ; the aim should be to secure for the disabled their full share, within their capacity, of such employment as is ordinarily available. In this sense the scheme must not upset the industrial structure and must, in general, fit in with the normal methods of labour engagement.

(f) The scheme should cover as wide a field of employment as possible and should therefore apply to the maximum number of employers.

(g) The scheme must avoid imposing upon industry a burden beyond its capacity ; this capacity varies as between different industries, different areas, and different employers in the same industry. This will be of special importance in the immediate post-war period, with the inevitable dislocation of production and labour change-over. The scheme both in principle and in administration should be sufficiently flexible to permit its adaptation to changing circumstances.

(h) There is already a considerable measure of good will on the part of employers towards persons handicapped by disablement—particularly towards their own employees who have been injured during employment or during absence on war service. The measure of compulsion should not be such as will prevent or impede voluntary effort.

72. With these considerations in mind, the Committee make three recommendations as follows :—

A.—The introduction of a Quota of disabled persons, and the imposition upon employers who do not satisfy the quota of a restriction on the engagement of workers.

B.—The scheduling of certain occupations for the benefit of disabled persons.

C.—The creation of a Register of Persons Handicapped by Disablement.

Each recommendation calls for separate consideration but the three should be taken together as forming a complete scheme. They are arranged in the above order for the sake of convenience, but this has meant the use under the proposals A. and B. of the term “ Registered Disabled Persons,” the meaning of which is explained under proposal C (para. 82).

#### *Legislation : Administration through Local Committees.*

73. The scheme will require legislative sanction. The Act should place the general responsibility upon the Ministry of Labour and National Service, but it should provide for the detailed administration to be entrusted to local committees attached to the local offices of the Ministry and working under the Minister's general direction. Through these committees it should be possible to secure public support and flexibility of administration. Each committee should be made responsible for the operation of the scheme in its own area ; insofar as co-ordination of the work of local committees is found necessary, it could be provided on a regional basis—perhaps through regional committees. The membership of each committee should include medical experts and representatives of employers and workpeople. Some indication of the functions of the committees is given below under the three separate heads of the scheme.

#### *A.—Employment of a Quota of Disabled Persons.*

74. The Committee recommend the introduction of a Quota of disabled persons as a percentage of the total of employees in an employer's establishment, and the statutory imposition upon employers of a restriction upon the engagement of workers during any period when the number of disabled persons in their employ falls below the prescribed Quota. A “ disabled person ” for the purpose of the Quota is a person who has been registered under proposal C below. It is to be noted that the proposal does not impose upon an employer



a positive obligation to employ disabled persons up to the Quota and failure to do so will not involve a penalty. But the restriction in regard to the engagement of further workers during a period of failure to employ the Quota is statutory, and disregard of this provision will render the employer liable to a penalty to be prescribed by the Act.

75. The Quota proposal should apply to as many employers as may be found practicable—the liability of any employer to be determined by the average number of workers in his employ over a given period. It will not be possible to determine in advance what the Quota should be, and what number of employees should bring an employer within the provisions of the Quota requirement, and the Act should therefore provide that these should be prescribed by Order. The Order should fix a Quota for general application but the Minister should be empowered by the Act to fix special Quotas for particular industries as may be thought desirable after consultation with representative organisations of such industries. There should also be a provision that any employer who considers that the Quota—whether national or industrial—is not appropriate to the circumstances of his establishment may apply to the local committee for a reduction and the local committee should be authorised, where they are satisfied that this is reasonable, to sanction a reduction for a period not exceeding 12 months and to review the position at the end of that period.

76. The obligation upon an employer who is below his Quota will be (i) to notify to the local office particulars of any vacancy in his establishment, and (ii) to refrain from engaging any non-registered person without a licence from the local committee. Upon the receipt of such notification from an employer it will be the duty of the local office, under the general direction of its committee, to consider the names of disabled persons on the Register who appear suitable for the employment in question (or otherwise for the employers establishment) and to submit them to the employer; if the employer refuses to engage a person so submitted, it will be for the local committee to determine whether such refusal is reasonable and whether or not to issue a licence for the engagement of a non-registered person. In reaching a decision the committee should be required to take into account the nature of the work to be performed, the general qualifications of the person submitted, and the extent and nature of his disablement.

77. Although the employment of disabled persons up to the prescribed quota will not be a statutory obligation, employers should be invited to look upon it as a duty which they should do their utmost to discharge in the national interest. The scheme will require some positive encouragement on the part of the Government. The Committee suggest that on its introduction the Government should set an example by an immediate decision to engage in its own establishments the appropriate quota of registered persons and that this should be accompanied by a request to local authorities and public utility corporations to take similar action, and by a general appeal to all employers. The Committee take the view that with good will and the careful selection of occupation in relation to disablement it will be found possible in this way to secure the satisfactory resettlement of the majority of the total group of disabled persons and it will be the function of the local committees to assist employers in every way—in particular through the careful supervision of the Register from which employers can engage workers suited to their requirements. Special measures will however be necessary to enforce the statutory obligation of the scheme, viz., the restriction upon the engagement of non-registered persons during any period of failure to employ the prescribed quota. The Committee suggest that employers should be required by the Act to keep a formal record of the names of registered disabled persons in their employ; such a record would



assist inspection and could be used by an employer, in whatever way he thought fit, to show that he was discharging his general obligation. It appears to the Committee that it will not be necessary to institute an elaborate system of inspection. It should be possible to secure the necessary measures of compliance by means of test inspections and by the investigation of specific complaints. The Act should however give the Minister of Labour and National Service power to appoint inspectors for the purpose and this should be reinforced by an arrangement to use for this purpose the inspectorial staff of other Departments.

#### B.—*Scheduled Occupations for Disabled Persons.*

78. There is a considerable group of occupations which by their nature and their limited demand on physical and mental ability are particularly suitable to certain categories of disablement. The most obvious examples of such occupations are lift operators, messengers, and attendants of various kinds. The Committee recommend that provision should be made in the Act to prohibit, except under licence, the engagement for work in such occupations of persons who have not been accepted for the Register. The Act should give the Minister of Labour and National Service general authority to prescribe a list of such occupations and to devolve upon the local committees, subject to his general directions, the detailed administration. It will be the responsibility of the local committees (i) to determine whether a particular occupation falls within the prescribed list, (ii) to arrange for the submission of a suitable applicant from the Register for a notified vacancy, and (iii) to issue a licence, if no suitable registered person is available, for the employment of a non-registered person. Such licences should be granted for a specified period according to the circumstances of the case; the committee should arrange as necessary for the case to be reviewed for the purpose of ascertaining whether the non-registered employee could be transferred to some other work in the employer's establishment and be substituted in the scheduled occupation by an applicant from the Register.

79. It will be noted that the prohibition is of the *engagement* and not on the *employment* of non-registered persons in the scheduled occupations. The Committee take the view that the prohibition of the employment of persons already in these occupations would create a good deal of ill feeling and would result in unnecessary dislocation. They consider that the engagement of disabled persons for these occupations should be introduced gradually as vacancies occur and as new staff is required, and that it will be found possible to provide for disabled persons suitable for the scheduled occupations by retaining for them the vacancies which occur in the ordinary course. If, however, experience shows that this method is not achieving the object as quickly as is thought desirable, some stricter prohibition could be introduced.

80. It is of the utmost importance that the occupations scheduled under this proposal should not be regarded as the proper employment objective of disabled persons—without regard to individual capacity and intelligence. The purpose is to secure for a small and specialised group of the disabled, who because of their disablement will find difficulty in getting satisfactory employment, a recognised preference for certain occupations which they can undertake as efficiently as able-bodied persons. For example, the working of a passenger lift or the performance of messengerial duties does not require in general the use of both arms, but this does not mean that one-armed persons should be expected or encouraged to take up employment of this kind. Any such tendency would be the exact opposite of satisfactory resettlement. The proposal is designed only for persons who are not particularly suited to occupations of a higher grade than those to be scheduled and it is essential that this limited but none the less useful purpose should be kept in mind.



81. The question whether a registered disabled person employed in a scheduled occupation should count for the purposes of the Quota requires consideration. As already indicated, the scheduled occupations are specially selected for the benefit of a limited group of disabled persons and in this sense they are outside the purpose of the Quota proposal which relates to ordinary employment in industry or commerce. In some establishments the number of employees required for Scheduled Occupations may amount to an appreciable percentage of the total number of employees, and may even equal the recognised Quota. Permission to include for the purposes of the Quota disabled persons employed in such occupations would correspondingly reduce the opportunities for the employment of disabled persons in other occupations in such establishments. For these reasons the Committee recommend that a registered disabled person employed in a scheduled occupation should not count for the purpose of the Quota.

*C—Creation of a Register of Persons Handicapped by Disablement.*

82. The operation of the two proposals A. and B. above will require a definition of what is to constitute disablement, and the collection of information in regard to the persons who satisfy that definition. The Committee propose that the definition of disablement should be included in the Act. The definition must cover disablements of all kinds and from all causes—including those arising at birth—but it should exclude those of a minor or temporary character. The disablement should be such as is likely to last for a period of at least six months and to cause a substantial handicap in getting or keeping employment. It must be assessed, therefore, in relation to an occupation or occupations recognised as suitable for the applicant, having regard not only to his disablement but also to his age, previous experience, and general qualifications. The Committee suggest that the definition should be in some such terms as the following :—

“ A disabled person is a person who, on account of injury or disease of a character which is likely to last for more than six months, or on account of congenital deformity, is substantially handicapped in obtaining or keeping employment of a kind generally suited to his age, previous experience, and qualifications ”.

83. For the collection of information as to the number and qualifications of disabled persons who satisfy the definition, the Committee propose that a Register should be set up and maintained at the local offices of the Ministry of Labour and National Service. It should be built up by voluntary applications made by disabled persons who wish to secure the benefits of the scheme, but it will be open to employers to invite their employees to apply for registration. Each application will be considered and decided by the local committee after a personal interview, or by the local office under the general supervision of the committee, or within such general directions as may be given by the Minister. Registration should be effected by a formal record at the local office and by the issue of a certificate to the applicant. The period of registration should be determined according to individual circumstances; in the case of the most serious disablements which involve a lifelong handicap to any form of employment, permanent registration might be permitted, but the normal practice should be to register for a period and—subject to the proviso mentioned in the following paragraph—to review the case at the end of that period in order to ascertain whether the position in respect either of the disablement itself or of the degree of handicap has changed sufficiently to warrant a fresh decision. The local committees should have power to refuse registration where they are satisfied that conditions are not fulfilled, but a disabled person whose registration has been refused or cancelled may renew his application



if his circumstances have changed, e.g., through loss of employment. If in any case the local committee consider that an applicant's employability would be improved by a course of treatment or vocational training for a new occupation, they should have power to make the registration conditional upon the acceptance by the applicant of either or both these courses; such conditional registration should be reviewed after the course or courses have been completed.

84. Under the arrangements suggested above, membership of the Register, apart from the cases permanently registered, will be constantly changing according to the review of temporary registrations. This feature will enhance the value of the Register in that it will provide a continuous test of the degree of handicap caused by the different disablements and will stimulate special action in respect either of particular areas or particular occupations to improve the opportunities for suitable employment. Care must however be taken to avoid the cancellation of registration where such action might prejudice the person's employment position. This should be secured by a provision that where a disabled person has been engaged by an employer from the Register, or has been recognised for the purpose of the Quota, the registration will be maintained for so long as he remains with that employer.

#### *War Pensioners—Service and Civilian.*

85. The proposal that every application for registration will have to be decided on its individual merits will mean that the receipt of a disability pension, either in respect of war service or under the Personal Injuries (Civilians) Scheme, will not carry with it a right to registration. This is correct in principle, as among the disablements recognised for pension, etc., purposes there are some which either in themselves or in particular cases do not in fact constitute a handicap to prospective employment. The logic of this may be challenged on the ground that refusal to register a pensioner is in conflict with the decision to award a pension; in addition, there may be a demand, for political or other reasons, that all Service disability pensioners, or the whole group of Service and civilian disability pensioners, should be entitled automatically to the benefits of registration. The Committee recognise the force of these contentions but they consider that it is more important to maintain the general conception that disablement, whether or not recognised by the State for the purpose of pension, should not be allowed to qualify unless there is a proved substantial handicap to employment. They think, however, that an exception might be made in favour of 1914-1918 disabled ex-Servicemen who, under the proposal to terminate the King's Roll Scheme, will lose the protection they have hitherto enjoyed, and who have the additional handicap of age in competition with younger disabled men from the present war. The granting to them of a special privilege would not seriously endanger the principle of the scheme and the Committee therefore recommend that the current receipt of a disability pension from the 1914-1918 war should carry with it a right to registration under the Scheme.

86. It will be noted that the definition in paragraph 82 above does not exclude persons whose disablement is of such a character as to prevent, or to render very doubtful, their capacity for employment under ordinary conditions. Applications for registration from such persons are to be encouraged, as the information thus made available will be of value for the purpose of developing special facilities for employment under sheltered conditions of the kind described in paragraphs 90 and 92 below. It is important however that the Register from which workers will be submitted to employers should be confined to those whose disablement is not so severe as to make it impossible for them to give reasonably satisfactory service in



employment under ordinary conditions. No good purpose would be served by attempting to force employers to engage for ordinary employment disabled persons who are capable only of employment under sheltered conditions. When, therefore, applications for registration are made to local committees by persons so severely disabled that they could not reasonably be submitted for ordinary employment, they should be included in a separate section of the Register so that employers may feel confident that the persons submitted to them from the main Register are persons who have been adjudged capable of taking employment. If in fact an employer did of his own volition engage one of the severely disabled persons, that person, although separately registered, should count towards the employer's quota. It will be a responsibility of the local committees to see that the distinction between the main and the separate section of the Register is properly maintained.

87. It appears to the Committee that it would be an advantage, and might remove misunderstanding on the part of employers and others as to the purpose of the Register, if the term "disabled person" were avoided; they recommend that the official title for the Register should be the "Register of Persons Handicapped by Disablement".

### *Summary.*

88. It may be useful to set out in summary form the more important points made under the above proposals:—

(a) Application for registration is voluntary; but a disabled person not registered will not count for the purposes of the Quota, and will not receive preference in submission for employment either in a scheduled occupation or for Quota purposes.

(b) An employer is free at any time to engage a registered person otherwise than through a local office and there will be no obligation upon him to engage a registered person submitted by the local office, but, if he is below his Quota, he will have to obtain a licence from the local committee to engage a non-registered person.

(c) The obligations on an employer are (i) to employ registered persons in scheduled occupations, as indicated by the local committee, (ii) to give preference to registered persons submitted to him for vacancies within his Quota, and (iii) to obtain a licence from the committee for the engagement of a non-registered person during any period when he is below his Quota.

(d) An employer who has in his employ disabled persons who are not registered may invite them to register for Quota purposes.

(e) A disabled person whose registration has been cancelled may apply at any time for re-registration.

(f) A registered person employed in a scheduled occupation will not count towards the Quota requirement of his employer.

89. The Committee are of opinion that a scheme on the above lines will be of substantial assistance to persons handicapped by disablement—both in securing for them a proper opportunity of consideration for employment and in providing some measure of security. The establishment of a Register and the scheduling of special occupations do not raise any important matters of policy and their administration should be well within the competence of the regional and local machinery of the Ministry of Labour and National Service—aided by local committees. The proposal to set up an employment Quota is more difficult from the point of view both of policy and of administration. As the Committee are not in a position to take outside evidence, they have based their recommendations upon the result of past experiments and the best estimate they can make of the problem itself and of the measures that seem necessary



to its solution. The success of the scheme will depend to a very large extent upon the close co-operation of employers and Trade Unions in its detailed administration, and the Committee suggest that an early opportunity should be taken to ascertain the views of the British Employers' Confederation and the Trades Union Congress General Council. They also recommend that there should be early consultation with the King's Roll National Council to whom a promise has been given by the Minister of Labour and National Service that they will be consulted before any decision is reached as to the future of the King's Roll. It will not be possible or desirable for the new scheme to operate in full from any given date; certain parts, notably the Register, must start in advance of others. But, in the Committee's view, it will be inadvisable and might prejudice success to delay its introduction until the change-over from war to peace production has reached an advanced stage. They therefore recommend that the scheme should be worked out in detail and embodied in legislation as soon as possible so that it can be brought into operation immediately after the end of the war.

### *Employment under Sheltered Conditions.*

90. The second group of persons requiring special assistance in the permanent scheme of resettlement consists of those whose disablement is of so serious or difficult a character as to prevent, either permanently or for a substantial period, employment under ordinary conditions. Facilities for employment under sheltered conditions are provided by a number of voluntary societies and undertakings, and Local Authorities possess certain powers in respect of specified groups. It is through such voluntary undertakings that the scheme of grants for the benefit of the severely disabled ex-Servicemen from the 1914-1918 war has been administered by the Ministry of Labour and National Service. In their March report the Committee recommended, as a war-time measure, that cases of severe disablement arising under the Interim Scheme (particularly among men and women war casualties) should be dealt with through voluntary undertakings—with financial assistance as necessary from the Ministry of Labour and National Service. The Committee also suggested that for this purpose the employment activities of these undertakings should be directed as far as possible towards the production of articles required for war or other public purposes, and away from the production of fancy or semi-luxury articles dependent for their sale upon the charitable public. These recommendations were accepted and the Committee understand that they have recently been brought into operation through a new scheme of grants. The results of that scheme will not be known for some time but the Committee hope that it will be developed to the fullest extent consistent with war-time circumstances. The Committee consider that the post-war scheme should include full provision for the use of facilities for sheltered employment in voluntary undertakings and, subject to the attainment of a proper standard of efficiency, for the grant from public funds of such financial assistance as may be necessary to maintain and develop those facilities.

91. The Committee are of opinion however that the resources and scope of the voluntary undertakings cannot reasonably be expected to prove sufficient to meet the requirements of a comprehensive and permanent scheme covering severe disablements from all causes, and they consider that a system of special centres under Government auspices should be set up for the purpose. Employment in these centres, as in the voluntary undertakings, should be provided as far as possible through the production of articles which are in regular demand for Government or other public purposes and which lend themselves to small scale manufacturing processes. The full development of production in voluntary undertakings and in special centres will cause a corresponding reduction in the



demand ordinarily made upon competitive industry for the articles in question, but this will have to be recognised as an essential feature of any national scheme to secure satisfactory employment for disabled persons who cannot find a place in ordinary industry ; the private employer must be prepared for work of this kind to be undertaken by disabled persons on a non-competitive basis, and able-bodied workers who might otherwise have found employment in this field must realise that they will have to seek their livelihood in some other way. Although the cost of the articles in question to the Government will be higher than the ordinary cost of production by able-bodied workers, there will be a saving to national funds in respect of unemployment or other maintenance expenditure.

92. It appears to the Committee that, as the problem is essentially national and not local, and as the finance will have to be provided mainly if not wholly from national funds, a Central Government Department should be responsible for this new service, thus securing proper parliamentary control over it. This Central Department would be responsible for the financial assistance to be given to voluntary undertakings taking part in the service, and for ensuring that their administration is efficient and in accordance with general policy. In so far as special centres have to be set up, the Central Government Department would not itself run the trading side and the day-to-day administration of the centres but should establish a public corporation for this purpose under the Companies Act, 1929. The Central Department would be responsible for providing the corporation with such financial assistance as may be required in the same way as it would be for giving financial assistance to voluntary undertakings. The administration of its centres by the corporation should be regionalised as far as possible. The co-operation of Local Authorities on a regional level should be secured and co-ordination between the corporation's own centres and the voluntary undertakings should also be effected on a regional level. The Committee suggest that a scheme on these lines should be worked out now so that it can be brought into operation immediately after the end of the war. It may be pointed out that dislocation of ordinary industry will be minimised if the special scheme for the severely disabled can get started well in advance of the full return to peace-time production.

### *Employment of the Blind.*

93. The total number of registered blind persons in Great Britain at the 31st March, 1941, was approximately 83,000 of whom about 42,000 were under 16 or over 65 years of age. Of the remainder, about 9,000 are in employment ; some are employed in a selected group of ordinary industrial processes such as chocolate packing, testing precision instruments and the like, in which delicacy of touch compensates for inability to see ; others are employed in occupations regarded as specially suited to blind persons, such as telephonists, typists, masseurs, piano-tuners, or in occupations such as basket making and mattress making, which they may have learned in blind training Institutions ; the majority—over 6,000—are employed in blind workshops or under home workers' schemes. On the remaining 32,000 in the 16–65 age group, a considerable number have mental and physical defects which make them practically unemployable. There are some who do not need to work including, e.g., the blind wives of sighted husbands, and a small proportion are receiving training in blind training Institutions. There is a small and fluctuating amount of unemployment among trained blind persons—largely for reasons of lack of workshop accommodation or equipment, shortage or high cost of materials, or the economic position of the trade in which they have been trained.

94. The education and training of blind persons who are capable of receiving and benefiting therefrom falls within the sphere of Local Education Authorities



under the Education Acts. Responsibility for the general welfare of the blind, subsequent to their education and training, is placed by the Blind Persons Acts upon County Councils and County Borough Councils—in Scotland the Town Councils of large Burghs. There is no obligation on these authorities to provide employment of a specific character but in fact nearly all of them have arranged, generally through a local voluntary association, for such employment in workshops for the blind or by work at home. The Committee consider that there is room for improvement in respect of training, and that the general duty of Local Education Authorities should be converted into a specific obligation to provide, or to secure the provision of, vocational training for all blind persons for whom such provision is required and is not otherwise obtainable (Such an obligation has already been imposed in Scotland). Vocational training of the kind provided by the Ministry of Labour and National Service (see Section IV above) is not in present conditions suitable for blind persons, though it may be possible to take a different view when the opportunities for employment have been more closely determined.

95. It should be mentioned that the definitions of blindness for the purposes of the Education and Blind Persons Acts respectively are not the same. In the former the expression "blind" means too blind to read the ordinary school books used by children, whereas in the latter a blind person is one who is incapable of doing work for which eyesight is essential. The former thus includes the partially sighted while the latter is broadly confined to the blind. The difficulties arising from this divergence of definition can be dealt with administratively, but the fact remains that no specific provision exists for the employment, in sheltered industries or otherwise, of those whose defect of vision is insufficient to bring them within the provision of the Blind Persons Act. Many of these are more or less seriously handicapped both in obtaining and retaining employment and the sphere of their activities is severely curtailed. The Committee have considered whether the scope of the Blind Persons Act should be extended so as to cover the partially sighted, but on the whole they do not recommend this course. Their view is that the needs of the partially sighted will be sufficiently met by the existing powers of Local Education Authorities in respect of training, and by the proposals in respect both of ordinary and sheltered employment recommended in this section of the Report.

96. The position in regard to the war blinded is that those blinded through service in H.M. Forces, the Merchant Navy, and the Civil Defence Services are in the special charge of St. Dunstan's which provides treatment (on behalf of the Ministry of Pensions) and subsequently makes itself responsible for full vocational training and assistance in obtaining employment; ordinarily it is not necessary for any local agency or authority to make further arrangements for their welfare. Civilians blinded as a result of enemy action, e.g., air raids, go after they have received the necessary hospital treatment to the Homes of Recovery established by the National Institute for the Blind or to other institutions where they receive rehabilitation treatment in the sense of "learning to be blind." They then come under the arrangements for training of the appropriate Local Education Authority. The number of war blinded civilians who have returned home from hospital or Homes of Recovery and may be ready for training and absorption into industry is not reliably known; there is evidence that some of them are of a type and age which make them suitable for employment. (In Scotland those blinded through war service—military or civil—may go, under a Ministry of Pensions arrangement, to Newington House, Edinburgh. There are no Homes of Recovery or similar institutions where blinded persons can receive rehabilitation treatment. Such treatment is provided in the hospitals or ophthalmic special units set up under the Emergency Hospital Scheme, by arrangements made with the Scottish National Federation for the Welfare of the Blind.)



97. Experience both in this and in other countries has shown that there are various occupations in ordinary industry which not merely lend themselves to the employment of blind persons but can be undertaken by them as successfully or almost as successfully as by the sighted. As previously indicated, a small number is already so employed, and advantage has been taken of the present favourable conditions of the labour market both to extend the range of occupations and to increase the number of blind employees. St. Dunstan's, with their special facilities and long experience, have placed successfully a number of ex-Service men; the individuals have been carefully selected and a direct approach has been made to prospective employers. The Ministry of Labour and National Service have co-operated with St. Dunstan's in this work and it is noteworthy that practically all the men so placed—casualties from the last war—have been over 40 years of age. In addition, the Ministry of Labour and National Service have brought to the notice of the Supply Departments the possibility of employing blind persons upon work now undertaken by the sighted, and in co-operation with the National Institute for the Blind and the Scottish National Federation for the Welfare of the Blind, have arranged for the reference to the Employment Exchanges of civilian blind persons who have been carefully chosen as suitable for industrial employment. This arrangement has only recently been started but it has already achieved encouraging results; of those already placed, about half are over 40 but there are some over 50 years of age. The Committee hope that these measures will be developed to the fullest extent—not merely because of their value to the war effort but also as a contribution to the solution of the blind employment problem.

98. It is not to be expected however that the whole, or even the majority, of the employable blind can be permanently absorbed in ordinary employment and the need for employment under sheltered conditions will therefore remain. The Committee consider that the Blind Persons Act Authority should be regarded as the medium through which sheltered employment should be provided, but action in this direction requires in the Committee's view the imposition upon such Authorities of a more clearly defined duty than exists at present. The Committee recommend that the Departments concerned should work out a scheme to include both the amendment of existing legislation and co-ordination with the general proposals for sheltered employment made in paras. 90 to 92 above.

#### *Employment of the Deaf.*

99. The deaf present a much more limited problem than the blind. Local Education Authorities have a specific duty, which is almost universally performed, to provide suitable education up to the age of 16 for all children who are "too deaf to be taught in a class of hearing children in an elementary school" and a more general duty to provide vocational training thereafter for those who require it. (In Scotland the statutes require the Education Authorities to provide for the "efficient education" (which in practice includes some form of practical instruction) of deaf children between the ages of 3 and 18. The duty of the parent of a deaf child, however, is to provide for his education up to the age of 16 only). The large majority of deaf children on leaving special schools at 16 have already received manual or practical instruction which may assist them to obtain remunerative employment without further training, and many of them compete successfully in the ordinary labour market. In general it may be said that deafness is not in itself a bar to employment, save in certain occupations, and that employed persons who become deaf later in life are generally able to remain in their present occupation; for the minority who need it vocational training can be given by Local Education Authorities.



Acquired deafness constitutes however a real handicap in obtaining fresh employment and is bound to impair efficiency in or suitability for many occupations, but it can be reduced if the deaf person can acquire proficiency in lip reading. Training courses are provided for the benefit of persons deafened through war service and the Committee are of opinion that this privilege should also be made available to other deaf persons who are in real need of its assistance for employment purposes. This provision should be made through Local Education Authorities working in co-operation with the National Institute for the Deaf and with those voluntary bodies which conduct special schools and have in their employment the necessary staff of teachers qualified to give instruction. (It is of interest to note that the National Institute for the Deaf object to the inclusion of deafness within the categories of disablement on the ground that 90 per cent. of deaf persons who are ordinarily employable would be able to get and to hold employment if they were given an adequate opportunity.)

100. The Committee have considered the question of including within the scheme some general provision for the supply of hearing aids to deaf persons. The determination of deafness, both in itself and in its relation to employability and to particular occupations, is a highly technical matter and there is no machinery comparable with that covering the supply of artificial limbs which could deal with the large number of cases that would arise for consideration. The Committee take the view that the provision of hearing aids should be regarded as coming within the scope of the Health Services rather than as connected with the problem of disablement, and they consider therefore that no general provision should be made under the Resettlement Scheme. There are however, exceptional cases, e.g., those of sudden deafness due to industrial or other accident, where the handicap in relation to employment can be clearly established and where the provision of an artificial aid would materially assist return to work, and the Committee suggest that the question of supplying, at the public expense but on a recoverable basis, artificial aids for such cases should be examined by the Ministries of Health and Pensions.

#### *Employment on Own Account.*

101. There is likely to be a certain number of disabled persons who wish to set up for themselves in some business or occupation—for reasons arising directly out of disablement and not as a matter of personal preference for independent as against contractual occupation. There are, for example, certain classes of disablement which confine the victims to a home life or severely restrict any real physical effort; for such persons the conduct of a small business in or near their homes may well prove to be the only method by which they can earn a livelihood. A certain number of blind persons have been found capable of running small businesses—an activity which makes for independence and helps to reduce the burden on the ordinary blind industries. There are other classes, e.g., tuberculosis, which call for an open-air life and require the individual to live in a rural area with little or no opportunity for employment under contract. In the Committee's view there is much to be said for the institution of special measures to assist disabled persons to set up in independent occupations where that constitutes the most satisfactory form of resettlement. They recognise that such a proposal requires consideration from a wider point of view than that of disablement and they understand that it has in fact been noted as one of the matters calling for examination in the plans for the immediate post-war period. In these circumstances the Committee feel that they themselves should not undertake a separate investigation and that it would be preferable in the immediate post-war period to deal with the special claims of disabled persons within the scope of such general provision as may be decided.



102. The post-war experiment should provide useful information both as to the probable need and as to the best method of meeting it, and the question of incorporating measures of this kind in the permanent scheme for the resettlement of the disabled can be considered later in the light of experience.

*Placing and Follow-up Work.*

103. It was pointed out in para. 7 above that placing in employment would not complete the process of rehabilitation unless proper care is taken to see that the employment is suited to the disablement and makes full use of individual capacity ; this was emphasised in para. 49, in respect of amputation cases where artificial limbs have been fitted. The Committee recognise that much useful work has been accomplished by the Employment Exchanges in the placing of disabled persons under the Interim Scheme, but they consider that the post-war situation will require the establishment, within the Employment Exchange machinery, of a specialised service to undertake not only placing but also the follow-up work that is necessary to ensure that the placing is satisfactory to the individual and to the employer. Such a service will need the advice and help of medical and other experts, and the Committee suggest that this should be secured through the system of local committees which has been recommended for the legislative proposals on resettlement ; it will be useful to add to the committees for this purpose representatives from some of the voluntary societies—Service and civilian—which have specialised in welfare work among disabled persons. With the aid of these committees an efficient follow-up service could be developed and in the Committee's view this should be regarded as a vital part of the administrative machinery.

104. Another matter to which the Committee desire to draw attention is the need for more information than is at present available as to the suitability of particular disablements to particular occupations (see para. 9 above). They consider that a comprehensive survey is essential to a satisfactory resettlement scheme and they suggest that the Ministry of Labour and National Service should examine this question and consider what would be the best way of collecting the information and making it available to the Employment Exchanges. Such a survey should take account of possible adjustments of tools and appliances and, as far as practicable, of machinery to suit certain types of disablement. The Committee suggest that the attention of Employers' Organisations, and particularly that part of the Engineering industry concerned with machine design, should be invited to this matter at a suitable opportunity.

## VI. FINANCE

105. The Committee were directed under (c) of their terms of reference to consider and make recommendations as to the manner in which the scheme of rehabilitation, training, and resettlement proposed for introduction after the war should be financed. The Committee assume that any expansion of medical and hospital services on the lines recommended in Section III of this Report will be provided for under the general plan for the post-war development of these services, and accordingly confine their financial recommendations to the proposals made in Sections IV and V which constitute the scheme of rehabilitation and resettlement from the completion of hospital treatment. The Committee regard the scheme as an important addition to the country's social services and they consider that its cost should be recognised in principle as a public obligation. Acceptance of this principle should not exclude the possibility of recovery in certain circumstances and a recommendation on this is made in a later paragraph.



### *Reconditioning and Vocational Training.*

106. The expenditure arising for this service may be divided into two parts, viz. (a) capital and running costs, (b) maintenance cost of individuals during the period of the course or courses. The cost under (a) will include expenditure incurred either by the direct provision of reconditioning and vocational training centres, or by payment of grants (as a rule on a per capita basis) to Local Education Authorities, employers, or voluntary bodies, in respect of facilities provided by them under recognised arrangements. In regard to (b), the Committee have recommended (para. 59 above) that a disabled person undergoing a course of reconditioning or vocational training should receive a maintenance allowance, i.e., a payment related to the cost of his maintenance and not to the wage in any particular occupation. It would not be appropriate to make any recommendation as to the amount of this allowance, as this will have to be based upon post-war conditions. The Committee consider that it should include a separate payment for dependent wives and children, but the question of possible duplication of payment under this head with other payments from public funds or under the existing scheme of workmen's compensation, will require consideration in the light of future developments of the general social service provision.

107. The Committee have recommended that the general responsibility for the scheme of reconditioning and vocational training should rest with the Ministry of Labour and National Service—subject to a special reservation in the case of juveniles, which is dealt with in para. 109 below. This will require the grant to the Minister of power to make the necessary financial provision. The Committee recommend that this cost should be borne by the Exchequer but that power should be taken to recover the cost, in whole or in part, in respect of cases of disablement involving employers or third parties, e.g., in respect of Industrial, Railway or Road accidents. The Committee attach importance to this, as they consider that the introduction of a national scheme for the rehabilitation of individuals who have suffered disablement should not relieve an employer or third party of his financial liability in respect of compensation—either under Statute or at Common Law. Where appropriate, recovery should be effected from such funds as may exist or be created for the benefit of disabled persons.

108. Mention was made in para. 53 above of the possibility that specialised courses of training suitable for disabled persons might best be provided by Departments other than the Ministry of Labour and National Service in respect of occupations with which they are particularly concerned, e.g., by the Ministry of Agriculture. The Committee consider that the financial responsibility for any such specialised courses should be vested in the Departments which provide them.

109. The position of juveniles calls for special comment. The Committee consider that the provision for juveniles should be related to the education services and should not be included in the administrative responsibility of the Ministry of Labour and National Service. The Education Acts impose upon Local Education Authorities the duty of providing for the education and physical welfare of handicapped children up to the school leaving age, and these Authorities also possess powers to provide further education and training and to make arrangements for the physical welfare of children and young persons still attending schools or educational Institutions beyond that age. The Committee recommend that a specific obligation should be placed upon Local Education Authorities under the scheme to provide for the education, training, and post-hospital rehabilitation of disabled children up to the age of 16, and that the present powers of Authorities should be extended to permit



them to make similar provision for young disabled persons beyond that age—whether or not they are attending an educational institution. The provision for those under 16 should rank for grant from the Education Departments. For those over 16, in so far as the provision is made by Local Education Authorities on behalf of the Ministry of Labour and National Service under para. 106 above, the cost would be borne by the Exchequer; where, however, Local Education Authorities continue to make their own arrangements, their expenditure, including the payment of suitable maintenance allowances, should similarly be a grant aided service. This devolution to the education services should not detract from the principle that the Ministry of Labour and National Service should retain responsibility for the broad policy of the scheme, and in its application to juveniles the Education Departments should work in close co-operation with the Ministry.

110. While the Committee believe that the above suggestion as to division of functions would be best calculated to meet immediate needs, they recognise that the position would be altered by legislation which would bring all juveniles up to the age of 18 within the education system and would place a duty on Local Education Authorities to provide for their physical welfare.

### *Artificial Limbs.*

111. The Committee have recommended in para. 48 above that the supply of artificial limbs to persons, who because the loss of limb was not attributable to war causes are not entitled to a free issue, should find a place in the permanent scheme of rehabilitation. The war time measure which is now in operation was introduced as a contribution to the mobilisation of man power, and for this reason the cost both of the limb itself and of the necessary preparatory medical treatment is being borne on the War Services Vote for the Ministry of Labour and National Service—subject in appropriate cases to recovery of the expense in whole or in part from the individual or from his employer or from some third party on his behalf. It appears to the Committee that the provision in the permanent scheme should not be related to employment but should be brought within the scope of the Health Services, and they recommend that this proposal be examined forthwith by the Health Departments in conjunction with the Ministry of Pensions so that it can be included in this form in the post-war scheme.

### *Employment under Sheltered Conditions.*

112. The Committee's proposals for financing a public corporation and for subsidising voluntary undertakings for the provision of sheltered employment for severely disabled persons in need of it are set out in para. 92.

### *Employment of the Blind.*

113. The Committee's recommendations (in paras. 94 and 98) for the better provision of training and employment for the blind will impose additional expenditure on Local Authorities. The Committee have not thought it necessary to consider what, if any, adjustment should be made in the existing grant provisions for the purpose as it is only one of many such questions which will have to be taken into account in discussion with Local Authorities as to the post war grant arrangements.

## VII. CONCLUSION

114. The Committee have been led in the course of their enquiry to certain broad conclusions. These have been mentioned in the Report but they are set down here as they indicate the Committee's general views on the problem as



a whole and underlie the detailed recommendations—a summary of which appears in a later paragraph. The conclusions are as follows :—

1. Rehabilitation in its widest sense is a continuous process, partly in the medical sphere and partly in the social or industrial sphere. The medical side, in spite of the developments brought about under the Emergency Hospital Scheme, still falls short of what is required, and so long as this continues to be so the problem of rehabilitation at the post hospital stage is correspondingly more serious and extensive. In the meantime, concerted action is necessary to see that the existing hospital facilities are used to the fullest extent and to the best advantage of those in need.

2. Close co-operation between the Health and Industrial services is necessary throughout the whole process. This is particularly important at the stage between the end of medical and the beginning of industrial rehabilitation, but it should be continued to the later stage of resettlement so that the Industrial services have the benefit of medical advice and the Medical services can acquire knowledge of the effect of disablement upon occupational capacity.

3. On the industrial side, continuity of the service is essential. It should start in the hospital ; it should continue throughout the post hospital stages ; it should not end with the first placing in employment but should follow up until resettlement is completed. This calls for a specialised service within the Ministry of Labour and National Service.

4. Ordinary employment is the object and is practicable for the majority of the disabled—with the goodwill and co-operation of the representative organisations of employers and workpeople, in conjunction with the Health services and the responsible Government Departments.

5. A minority of the disabled will require employment under sheltered conditions and such employment should be provided through production for Government and other public purposes.

115. These conclusions lead the Committee to their final recommendation, viz., for the establishment of machinery to co-ordinate the work of the Departments responsible for the many different aspects of the whole Scheme. The main responsibility is divided between the Ministry of Labour and National Service, the Ministry of Health, and the Board of Education—together with the Scottish Departments of Health and Education ; but the Ministry of Pensions has a direct responsibility for the medical and hospital treatment of the war disabled and has a special interest in their successful resettlement ; and other Departments such as the Home Office and the Ministry of Fuel and Power are concerned with special features. The Committee consider it important to secure some general supervision over the development and administration of the scheme and they recommend for this purpose the appointment of a Joint Committee consisting of representatives of the Departments concerned. The Committee also suggest that, if the Government see their way to accept the recommendations made in this Report, the Joint Committee should be appointed forthwith to ensure that adequate preparations are made for the introduction of the scheme as soon as possible after the end of the war.

#### *The Beveridge Enquiry into Social Insurance.*

116. The Committee have been informed of the main proposals in the forthcoming report by Sir William Beveridge on the problem of social insurance. That enquiry has covered certain aspects of the disablement problem, and among the recommendations are several which are of particular interest to the Committee, notably those for an improved standard of maintenance during a period of incapacity through disablement, a special provision for the victims of industrial accidents, and the linking of benefit payments with vocational



training. The Beveridge scheme is so far reaching and comprehensive that it would be out of place for the Committee to offer detailed observations from the point of view of the narrower problem with which they have been concerned. Their own proposals do not conflict in aim or principle with those advocated by Sir William Beveridge, though the establishment of a separate Ministry of Social Security would demand a re-examination of the recommendations made in this Report for the administration of the Scheme of Rehabilitation and Resettlement. As however this would form only a part of the extensive revision of Departmental responsibilities which would be involved, it does not call for comment at the present time. The Committee are confident that acceptance of the proposals in this Report will not prejudice action on the lines advocated by Sir William Beveridge and they therefore venture to express the hope that consideration of this Report will not be deferred for a decision on the future scheme of social insurance. They would point out that many of their proposals call for further and detailed examination which cannot be undertaken in advance of general approval of the scheme; but such examination should be started without delay to enable the Government to carry out their intention to introduce as soon as possible after the end of the war a scheme for the rehabilitation and resettlement of disabled persons.

### *Summary of Recommendations.*

117. The following is a summary of the Committee's recommendations, which should be read in conjunction with the general conclusions set out in para. 114:—

#### *Eligibility.*

1. The scheme should be open to all disabled persons whatever the cause or nature of the disablement (Para. 12).
2. Arrangements should be made with the Government of Northern Ireland for the facilities under the scheme to be provided in Northern Ireland for Service and civilian war disabled, these being an Imperial responsibility; there should also be discussion with that Government on the provision of facilities for other disabled persons (Para. 13).

#### *Medical Rehabilitation.*

3. The provision made within the hospital services for the specialised medical rehabilitation of persons who have suffered fractures or other physical injuries should be developed on the lines already followed by the Ministry of Health and the Department of Health for Scotland (Para. 20).
4. The Health Departments should stimulate the provision by hospital authorities of special rehabilitation treatment for the general group of surgical cases (other than fractures and injuries) and medical cases (Para. 22).
5. Special centres should be set up to assist the rehabilitation of cardiac cases (Para. 24).
6. The Health Departments should draw the attention of Local Authorities to the need for the further development of rehabilitation measures in hospitals and sanatoria for persons suffering from pulmonary tuberculosis (Para. 27).
7. The Health Departments should examine the question of establishing hearing aid clinics (Para. 31).



8. A neuro-psychiatric service should be set up, on a regional basis, to deal with the more difficult cases of neurosis (Para. 34).

9. Special after-care measures for cases of psychosis should be reviewed by the Departments concerned (Para. 35).

10. The co-operation recently established between the Departments responsible for the general rehabilitation scheme and the Medical Service of the Ministry of Fuel and Power should be developed—for the benefit of workers in the Coal Mining Industry (Para. 36).

11. The Health Departments and the Ministry of Labour and National Service should examine certain war-time experimental schemes, which have been designed for detecting and arresting the development of disabilities in the early stages, with a view to their extension in the light of experience (Para. 38).

12. The numbers of trained personnel for staffing the expanded medical rehabilitation service must be vastly increased and with this in view their status must be improved; the Universities and Royal Colleges should consider the institution of Diplomas for medical specialists in rehabilitation, and a suitable Diploma granted by the appropriate bodies should be made available for masseurs and other ancillary workers in this field (Para. 39).

### *Post-hospital Rehabilitation.*

13. The general responsibility for a Reconditioning and Vocational Training Service should rest with the Ministry of Labour and National Service (Paras. 46 and 53), but the provision for juveniles should be the responsibility of the Education Departments (Para. 53).

14. Reconditioning facilities should be provided, either in special centres or through the use of voluntary institutions, for the physical and mental reconditioning of persons unfit for immediate employment or training (Paras. 42-46).

15. The supply of artificial limbs to persons not entitled to a free issue should form part of the Rehabilitation Scheme, but should become a health service (Para. 111); the Ministry of Labour and National Service should take special steps to overcome the prejudice against the engagement for skilled employment of persons with artificial limbs (Para. 49).

16. The question of providing training facilities at the University and higher professional level for persons disabled otherwise than through war service should be considered forthwith, and the possibility of including such facilities in the permanent post-war scheme should be examined (Para. 51).

17. The Ministry of Labour and National Service should arrange courses of training for semi-professional, technical, executive, and clerical occupations (Para. 52).

18. The present scheme of training—in Government Training Centres, Technical Colleges, Employers' establishments; and grant-aided special centres—for industrial occupations should be adapted and extended to meet the needs of disabled persons (Paras. 53-54).

19. Provision for the maintenance of persons during a course of reconditioning or vocational training should be met by the payment of an allowance for themselves and their dependants (Para. 59).



20. The general principles of the vocational training scheme should be discussed as early as possible with the British Employers' Confederation and the Trades Union Congress General Council (Para. 56).

21. There should be full consultation with the representative organisations of employers and workpeople as to the numbers to be trained in the various occupations, the standards of selection, the curriculum of training, the trade tests to be applied, and the standard of proficiency to be achieved. The Ministry of Labour and National Service should be responsible for applying these standards to individuals. Industries should accept responsibility for ensuring that persons trained to the prescribed standards are accepted in the appropriate industry (Paras. 56-58).

22. The proposals of the Committee of the Medical Research Council, for the part-time or modified employment in industry of persons who have suffered from tuberculosis and are in a convalescent and non-infective stage, should be developed as part of the anti-tuberculosis measures of the Health Departments (Para. 62).

### *Resettlement.*

23. Legislation should be introduced to provide for :—

(a) a restriction upon the engagement of non-disabled persons by an employer who is employing less than a prescribed percentage quota of registered disabled persons, the prescribed quota being permitted to be varied for different industries, and to be relaxed for individual employers in special circumstances (Paras. 74-77) ;

(b) the scheduling of certain occupations for the benefit of disabled persons and the prohibition of the engagement of non-disabled persons in such occupations without a special licence (paras. 78-81) ;

(c) the setting up of a Register of Persons Handicapped by Disablement, this being confined to those whose disablement is likely to last more than six months and substantially handicaps them in obtaining or keeping employment of a kind generally suited to their age, previous experience, and qualifications (Paras. 82-87).

24. The responsibility for administering the resettlement scheme should rest with the Ministry of Labour and National Service ; local committees should be set up in association with the Employment Exchanges to undertake the detailed administration of the scheme (Para. 73).

25. The King's Roll Scheme should be terminated (Para. 69) but disabled ex-Service men (1914-18) still in receipt of a disability pension should be entitled to registration under the new scheme (Para. 85).

26. The scheme should not be used to force upon employers workers so severely disabled as to make it impossible for them to give reasonably satisfactory service in employment under ordinary conditions (Para. 86).

27. The proposed legislative provisions should be discussed in advance with the British Employers' Confederation and the Trades Union Congress General Council ; the King's Roll National Council should also be consulted (Para. 89).

### *Employment under Sheltered Conditions.*

28. Employment under sheltered conditions provided for the more severely disabled by Voluntary Undertakings should be assisted by a scheme of grants as at present (Para. 90).



29. As it is unlikely that Voluntary Undertakings will meet the need in full, special centres for sheltered employment should be established and administered by a public corporation set up for the purpose and financed by the appropriate Government Department (Paras. 91 and 92).

#### *Employment of the Blind.*

30. The present powers of Local Authorities in respect both of the training and employment of blind persons should be converted into a specific obligation and a scheme for this purpose should be worked out by the Departments concerned (Paras. 94 and 98) ; the additional expenditure thus imposed on Local Authorities should be taken into account in post-war grant arrangements (Para. 113).

#### *Employment of the Deaf.*

31. Training courses in lip reading should be made available to persons not now entitled (Para. 99) ; the question of providing artificial hearing aids in exceptional cases of handicap in obtaining employment should be examined by the Ministries of Health and Pensions (Para. 100).

#### *Employment on Own Account.*

32. Special provision should be made to assist disabled persons to set up for themselves in business or occupation—such provision to be brought within the scope of any general scheme for this purpose that may be introduced under the post-war reconstruction plan (Para. 101).

#### *Placing and Follow-up Work.*

33. A specialised service should be set up, within the Employment Exchange machinery, to deal with the placing of disabled persons in employment and with follow-up work. The local committees proposed for assisting in the scheme for the employment of disabled persons should be associated with the Exchanges for this purpose (Para. 103).

#### *Survey of Occupations.*

34. The Ministry of Labour and National Service should undertake a survey of occupations suited to particular disablements—including the adjustment of tools and appliances ; employers organisations should be invited to co-operate with the Ministry for this purpose (Para. 104).

#### *Finance.*

35. The Scheme of Rehabilitation and Resettlement should be regarded as a social service and its cost should be met and recognised as a public obligation (Para. 105).

36. The cost of the Reconditioning and Vocational Training Service for persons other than juveniles should be met directly by the Exchequer, but power should be taken to recover in appropriate cases from employers and third parties (Para. 107) ; in the case of juveniles an obligation should be imposed upon Local Education Authorities for those under 16, and for those over that age the powers of Authorities should be extended—the cost to rank for grant-aid from the Exchequer (Para. 109).



*Establishment of a Joint Committee.*

37. A Joint Committee representing the Departments concerned should be set up to supervise the preparations for, and the administration of, the scheme (Para. 115).

118. The Committee desire to place on record their high appreciation of the services of the Joint Secretaries, Mr. R. E. Gomme of the Ministry of Labour and National Service, and Mr. H. R. Hartwell of the Ministry of Health. Especially are they indebted to Mr. Gomme, upon whom the greater portion of the work has fallen. His industry, courtesy, and patience have assisted very materially in the accomplishment of their task.

SIGNED ON BEHALF OF THE COMMITTEE,

GEORGE TOMLINSON.

(Chairman)

R. E. GOMME	}	<i>Joint Secretaries.</i>
H. R. HARTWELL		

5th November, 1942.



Statement showing :—Col. I.

Cols. II, III and IV.

Cols. V and VI.

I. Type of Disablement.	II. Type of Institution in which treated.	III. Remedial Treatment.
1. Fracture or other physical injury.	Orthopaedic Centre. Fracture Unit. General Hospital.	Surgical or orthopaedic. Occupational therapy. Remedial exercises and physiotherapy. Hospital workshops.
2. Other Surgical Conditions and the general group of medical cases.	As a rule in a General Hospital. (Note.—The present provision for proper rehabilitation treatment is inadequate and should be developed.)	If illness is prolonged, and especially if associated with Sepsis, gradual restoration of bodily strength by physiotherapy, exercises, etc., would be essential—with special attention to the feet to prevent dropping of the arches.
3. Cardiac Cases.	General Hospital. (Note.—Special hospitals are required for the further treatment of some of the cases in this group.)	If the valves are badly affected, little chance of restoration. Where the heart muscle only is involved, restoration to fair, if not full, working capacity can be achieved—by rest over a long period and then graduated exercises.
4. Pulmonary Tuberculosis.	Sanatorium. Tuberculosis Hospital. Sanatorium-cum-Hospital. Home for advanced cases.	Rest, hygiene, diet. Collapse therapy (including major surgery). Chemotherapy. Occupational therapy.



## D I X.

The various types of disablement.

The treatment required and the resulting condition.

The further provision necessary.

IV. Resulting Medical Condition.	V. Further provision needed.	VI. Type of Centre or Institution.
<p>(a) Complete restoration.</p> <p>(b) Partial restoration—but allowing return to ordinary employment in previous or similar occupation.</p> <p>(c) Permanent disability preventing return to previous occupation, but permitting employment in a new occupation—after training if necessary.</p> <p>(d) Permanent and serious disability causing a grave handicap to employment and, in some cases, preventing employment under ordinary conditions.</p>	<p>(a) In some cases reconditioning course.</p> <p>(b) do.</p> <p>(c) Vocational training—preceded in some cases by a reconditioning course.</p> <p>(d) Specialised vocational training or sheltered employment. <i>Note.</i>—Artificial limbs may be required for some cases under (c) and (d).</p>	<p>(a) Reconditioning centre.</p> <p>(b) do.</p> <p>(c) Vocational training centre—after (for some cases) a preliminary course at a reconditioning centre.</p> <p>(d) Special training centre for ordinary employment. Institution providing sheltered employment.</p>
<p>(a) The majority should have complete restoration of function.</p> <p>(b) In some cases there might be some residual weakness, e.g., of the abdominal wall.</p>	<p>(a) In some cases a reconditioning course.</p> <p>(b) Convalescent treatment—followed in some cases by a reconditioning course—under medical supervision. <i>Note.</i>—Artificial limbs may be required for some cases.</p>	<p>(a) Reconditioning centre.</p> <p>(b) Reconditioning centre—with medical supervision.</p>
<p>(a) Residual disability preventing heavy physical activity but permitting light and sedentary work.</p> <p>(b) Serious disability preventing employment under ordinary conditions.</p>	<p>(a) Special care in selecting employment—with Vocational training as required.</p> <p>(b) Sheltered employment.</p>	<p>(a) Vocational training centre as necessary.</p> <p>(b) Institution providing sheltered employment. <i>Note.</i>—Medical Supervision will be necessary under both (a) and (b).</p>
<p>(a) Restoration—permitting employment under ordinary conditions.</p> <p>(b) Quiescence—requiring part-time or modified employment to prevent relapse.</p> <p>(c) Unfit for employment under ordinary conditions.</p>	<p>(a) Care in selecting employment.</p> <p>(b) Special provision for part-time or modified work.</p> <p>(c) Sheltered employment.</p>	<p>(a) —</p> <p>(b) For some cases—special institution providing sheltered employment.</p> <p>(c) Special institution providing sheltered employment.</p>



I. Type of Disablement.	II. Type of Institution in which treated.	III. Remedial Treatment.
5. Blindness.	Special Eye Hospital. Special Department of General Hospital. General Hospital for treat- ment of underlying medi- cal condition.	Surgical (e.g. Cataract re- moval). Optical appliances, includ- ing recent "contact lenses." General medical treatment.
6. Deafness.	Special Department of General Hospital. General Hospital for treat- ment of underlying medi- cal condition.	Surgical. General medical treatment. Appliances.
7. Neurosis.	Neurosis Centre (under E.H. Scheme). Special O.P. departments of General Hospitals. A few special Clinics for out-patients.	Psychotherapy, with occu- pational therapy, physi- cal training and work- shops.
8. Psychosis.	Mental hospital—as certi- fied or voluntary patients.	Medical and psychothera- peutic treatment, with occupational therapy.



IV. Resulting Medical Condition.	V. Further provision needed.	VI. Type of Centre or Institution.
(a) Restoration of good sight. (b) Restoration of limited but useful sight. (c) Blindness or its near equivalent.	(a) In some cases a reconditioning course. (b) Care in selecting employment and, for some cases, vocational training. (c) Carefully selected employment in ordinary industry, or sheltered employment.	(a) Reconditioning centre. (b) Vocational training centre as required. (c) Blind workshop or organised home worker scheme.
(a) Improvement of hearing. (b) Defective hearing. (c) Total deafness.	(a) — (b) Training in lip reading or provision of artificial aid. (c) Training in lip reading and, for some cases, vocational training.	(a) — (b) Vocational training centre as necessary. (c) Schools or Evening Institutes, and, for some cases, vocational training centre.
(a) Restoration—permitting return to ordinary employment. (b) Minority remain as problem cases and misfits, and require individual consideration, but are capable of selected employment.	(a) Careful selection of employment—with a reconditioning course for some cases. (b) Selected employment and after care.	(a) For some cases—reconditioning centre. (b) —
(a) Fit for ordinary employment. (b) Fit for specially selected employment. (c) Permanent disablement and unsuitable for employment.	(a) Assistance in placing, probably preceded in some cases by a reconditioning course. (b) Carefully selected employment and after care. (c) —	(a) Reconditioning centre for some cases. (b) — (c) —



